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COMMUNICATIONS.

MILK SICKNESS.

BY THE LATE DR. FULTON.

Read before the Logan County (Ohio) Medical Society.

Notwithstanding the great diversity of opinion in reference to the *cause* of this peculiar disease—no vegetable or mineral having yet been unmistakably identified as the guilty agent—yet all agree, with united voice, that it is a specific poison, producing a disease *per se*. And the agreement is as unanimous that it is *endemic*. And, although there are frequently cases of the poisoning, and even deaths, far from these localities, which the physicians, where they occur, do not understand, or know what to call, or how to treat; yet the poison was obtained in those localities, and transferred to its place of destination in meat, butter, or cheese, and there received into the system and produced its results.

But as to whether the specific virus is of vegetable or mineral origin, there is no agreement—each having about an equal number of adherents; and each, generally, being founded in his belief, either from preconceived opinion of his own, or the accidental opinion of the neighbors, positively and perseveringly asserted, without his taking the trouble to inquire into and investigate all the ascertainable facts connected with the case.

The vegetable theorists, whether in favor of white snake-root, lobelia, poison-oak, or what not, do not claim, excepting some of the most reckless observers and asserters, that they have seen the disease produced, in either man or beast, by the administration, or voluntary use, of their favorite article. That there have been instances of poisoning by all these articles, and also by the buckeye, and other vegetables, there is no doubt; and that, too, with many of the symptoms of milk sickness, but, that the *tout ensemble* of symptoms necessarily and invariably accompanying it, and which, taken together, unmistakably characterize the disease, is caused by them, is by the mineral theorists, postively denied.

On the other hand, neither do the mineralists claim that they have, or can produce, the disease by administering any of the minerals that they hold to be the guilty agents. But they do claim, that they have many satisfactory instances of cattle, and persons also, taking it from water, whatever article that water may have been impregnated with. As, for instance, the case given by Dr. White, in the *Transylvania Journal of Medicine*, January, 1836: "A respectable farmer informed me that his cattle had been in the habit of frequenting a pasture ground in company with his neighbor's, on the opposite side of the creek from him. In returning home, his cattle were obliged to cross the creek. For many years not a case of the disease appeared among them, while his neighbor lost some forty or fifty during that time. The animals of the latter did not cross the creek, but drank at another stream. Both herds ranged the same woods and fed on the same herbage. It is presumable, therefore, that the disorder was produced by the water; and, in confirmation of this opinion, this individual further stated to me that, suspecting a spring at which his cattle drank to be the origin of the evil, he set to work felling trees around it, so as to exclude his stock from it, and that afterward they suf-

fered no more with the disease for several years. At length, however, it recurred again, and on examination, it was found that the spring had become accessible from the decay of the timber. The inclosure being repaired, and the cattle shut out from the water, the disease a second time disappeared."

And many similar instances could be cited, some two or three of which have fallen under my own observation. One in Richland township, Logan county, O., where the cattle had been taking the disease from the first settlement of the country, and several persons on that and adjoining farms had taken it, and most of them had died, until a spring was finally suspected and enclosed—since which time to the present, some fifteen years, there has been no more of it.

Another, that of a low, marshy piece of ground in Brunswick township, of the same county, the country around which was notorious for the number of cattle that died of the disease, and of persons that took it, until, with the improved agriculture of the country, that place, with other low lands, was ditched and drained; since which time there has been no more of the disease in that neighborhood in either man or beast.

Another instance, that of a stock-well on a farm in Clark county, as I am informed by several credible witnesses, from which the cattle were accustomed to be watered, and had been taking the disease for a number of years, when it was suspected and closed, since which there has been no more of it.

Again, there is a farm in Hardin county, on which members of every family that has ever lived there have had the disease. On that farm I have attended patients who said that they had not used meat, milk, butter, or cheese for weeks, guarding against the disease. The presumption therefore was that they, and also those of the previous families that had lived there, had obtained it directly from the water.

And thus I might enumerate many more similar instances upon which the mineral theorists found their belief, without naming any article, either elementary or compound, believing it to be a thing yet to be discovered.

These facts militate equally against the zymotic or malarial theory.

Inception: Invasion.—The *stadium prodromorum*, or period intervening between the first impression of the morbific cause or the reception of the virus, and the actual outbreak of the more violent phenomena of the disease, varies greatly in length, from one day to weeks, or even months, depending upon the amount of poison received, the susceptibility of the person receiving it, the toxic property of the virus, and habits or occupation of the recipient. If the person is of sedentary habits, not engaged in any occupation that requires much muscular activity to excite the heart or heat the system, he may receive and have a large amount of the poison lie dormant in his system for a long time without any visible signs of its presence. But let him labor hard, or take any violent exercise, till he heats himself, and the pathognomonic phenomena of the disease will immediately show themselves with terrific violence, the most notable of which are, overwhelming sickness of the stomach, with violent vomiting, and obstinate constipation of the bowels.

Every physician, or other person conversant with the disease, is perfectly familiar with the fact that the poison may lie dormant in the system in sufficient quantity, when the proper condition presents, to explode with terrific violence, without showing any signs of its presence till it is, so to speak, ignited by active exercise, or heating of the person. For instance, where persons, as is frequently the case, receive the poison in a poison district, and afterwards go into a neighborhood where the disease has never been known to have been, and upon being heated by hard labor, are taken down with the disease, the physician is called a fool, and perhaps turned off, for naming it "Milk Sickness;" "for," say they, "we don't have that disease here." Or, as is more frequently the case where cattle are bought in a poison district, *apparently* all right and healthy, but upon being run in driving them home, immediately take the "trembles," and, perhaps, are never gotten home, or, as is very generally the case, where the sucking calf takes the disease, while the mother, in whose system the poison was, shows no signs of the disease. Or, again, as in the case recorded by Dr. F. H. Sale, of Indiana: "A young calf took the 'trembles' and died. The cow was milked and the milk fed to two pigs that were in a pen. The pigs thrived and fattened, and in due time were slaughtered. The first meal that the man and his wife (owners of the pigs) took made them sick, and they both died in four days after eating the pork, with all the symptoms of Milk Sickness. *Neither cow nor pigs showed any signs of the disease.*"

Symptoms.—The group of invariable accompanying symptoms, which, in common language, constitutes the disease, do not, in the main, differ from those of the febrile diseases. But there are

some that are truly *diagnostic*, and *so marked* that there need not be any danger of mistaking it for any other disease.

The general symptoms are: derangement of the nervous system, producing mental and muscular languor; general *malaise*, and uncomfortable sensations, confusion and weakness of the intellectual powers, tremors of the extremities, changed expression of the countenance, and nausea. And, in the active state, the most terrible sickness, described by those who have experienced both, as more heart-depressing, hopeless, and unendurable than that of sea-sickness. This sickness is partially relieved for a few minutes after vomiting. The vomiting recurs so frequently, so violently, and so unmitigatedly, that it is well nigh an impossibility to have medicine retained long enough to take effect. After continuing for a length of time, if not prevented by the use of alkalies, the dejections assume the coffee-ground appearance, like the *vomito*, or black vomit of yellow fever.

Another symptom of the disease most prominent to the eye of the common observer, is the state of perfect inactivity of the bowels, or obstinate constipation, which, if counteracted and continued to be counteracted, the disease is cured. This, as will be shown hereafter, we believe to be the cause of the vomiting, and symptomatic of the true pathological condition of the organism.

There is a peculiar *smell* connected with the disease, which is considered by most observers as pathognomonic. Dr. Dawson, of Green county, Ohio, in giving the prominent symptoms of the disease, says: "As a premonitory symptom, a peculiar and indescribable *fetor* from the lungs, is the most prominent; and so universally have I found it present, and to precede the disease, that in almost every instance where I have been brought in proximity to a person predisposed or attacked, I have been able to foretell its approach, and pronounce the character of the disease."

Dr. J. Newland Smith mentions *a peculiar odor of the breath* as a characteristic symptom of the disease.

Dr. B. S. Brown, of Bellefontaine, Ohio, says: "There is an odor, *per se*, attending the disease, as easily distinguishable as that of garlic." And this is the almost universal testimony of those acquainted with the disease, both professional and unprofessional.

The *great tolerance of cathartic medicines* is, also, a characteristic feature of the disease. Some other diseases and certain conditions will occasionally bear a great amount of cathartics. But Milk Sickness invariably tolerates and requires, to one not acquainted with the disease, an almost incredible amount of cathartics. I have known patients to take and retain from fifty to seventy doses of physic in about twice that number of hours, each dose sufficiently large to purge a man under ordinary circumstances; and, also, during the same time, receive a great many large and active enemata, and yet not be very freely purged.

There is another peculiarity connected with the disease, which, to me, is diagnostic. I mean the *moan* of the patient. Yet I have not seen it named by any other person. To my ear it is a moan so peculiarity characteristic, that I think it as distinguishable as the cough of croup. There are other affections in which patients moan as much as they do in this. But there is a peculiar tone of woe-begoneness and despondency connected with the milk-sick moan, which gives feature or physiognomy to it, that is easily recognizable, after having once heard it. And yet I cannot describe it in words, so that one not acquainted with it would know it upon first sight. To be known it must be heard. I think that I can diagnose the disease upon hearing the moan, without seeing the patient.

The *decubitus* of the patient, especially after the case becomes bad, is peculiar—an indifferent stolidity of countenance, a drawing forward and down of the head and shoulders, so as to lie partially across the bed, with the head hanging over and the clothes drawn forward and up, so as to uncover the feet.

I will mention one other pathognomonic, or at least invariably accompanying symptom, viz: a *collapsed condition of the abdomen*. This is a necessary consequence of the pathological condition of the viscera, as will be shown further on. At least it is present in every genuine case of the disease, to a greater or less extent. In the majority of cases the caving in is so great, that the pulsation of the abdominal aorta can be seen or plainly felt, as low down as the pelvis. When the collapse is not so perfect, it will be found that it will take more cathartic medicine to relieve the patient, owing, perhaps, to the greater accumulation of fæcal matter at the invasion of the disease.

I will recapitulate, that you may have a condensed or bird's-eye view of the symptoms peculiar to the disease: 1. Frequent, violent, and persistent vomiting; 2. Coffee-ground, or black vomit; 3. Obstinate constipation; 4. Peculiar odor of the breath; 5. Remarkable tolerance of cathartic medicine; 6. A peculiar woe-begone moan; 7. A collapsed abdomen. All which,

when taken together, constitute a physiognomy of disease, which is easily and unmistakably recognized after having once seen it.

Diagnosis.—The diagnosis of the disease, as I have before intimated, is not at all a difficult matter. Yet it is very difficult, if not impossible, to point out, in words, the precise difference between any one symptom in this and the same in any other disease. But, taken collectively in the same case, with their relative connections and bearings one upon another, and he must be poor in individualizing who cannot, without difficulty, recognize it. I have often been asked if I was *certain* that it was milk sickness—if it might not be something else. I have answered, that if it was *not* that, I did not know what it was. That I knew that it was not any other disease that I had ever seen or read of.

But, fortunately, the symptoms are so marked, and the indications to be fulfilled so plain, that, though one may be slow in *naming* the disease, yet he need not be at any loss in making a rational prescription.

Pathology.—And this leads me to speak of the pathology of the disease. The first morbific impression of the poison is undoubtedly upon the nervous system, as is manifested by the common premonitory symptoms, as enumerated above. But the special and specific action, as I believe, is upon the ganglionic system, the source of the organic functions, and of all animal life.

As the brain and its prolongations—the cord and nerves—are the fountain and viaducts of mentality and sensation, so are the ganglia and their ramifications the seat and avenues of life and procreation, controlling the secretions, nutrition, circulation, and the involuntary motions. If, therefore, the solar plexus and its system of ganglia should become oppressed or paralyzed by a specific poison, or by any other means, the symptoms we would expect *a priori* would be very similar to those of Milk Sickness. The involuntary peristaltic action of the intestines would cease, and constipation would be the necessary consequence, especially after the lacteals and lymphatics had taken up their liquid contents. And it would be *persistent* until that action would, partially at least, be restored. And that is just the milk-sick condition.

Again, the vital stimulus that causes the peristaltic motion being removed, the intestinal muscles in that respect would be paralyzed, and the spinal nerves, still having their function unimpaired, would cause them to contract and close the calibre of the bowel. And that contraction and closure would continue so long as the ganglionic stimulus was withheld. And here again is the precise milk-sick condition. In autopsies made by myself, on animals killed for that purpose, that had the disease, I found the small intestines contracted so close that they appeared like a large lumbricus their whole length. And I suppose that the large ones would have been in the same state, but that they were impacted with dry fæces, so that they could not contract.

I find that this corresponds very nearly with a report of the examination of a body, dead from Milk Sickness, made by Dr. J. V. Wagman, of New Castle, Indiana. He says: "The brain and its membranes exhibited nothing remarkable; the kidneys, bladder, heart, and lungs were sound; the duodenum, as well as the lower part of the stomach, was *much contracted;* the cæcum was dry; and the colon, containing hardened fæces, on which it contracted closely, was drier than other portions of the tube," etc.

This being the state of affairs, the bowels contracted into the least possible bounds, the consequence would be a collapse of the abdominal parietes, spoken of before as a distinguishing feature of the disease.

The action of the bowels being thus stopped, we would also expect that the stomach would take a *reversed* action, as in ileus, intussusception, strangulated hernia, etc., nature's effort to relieve these conditions. And this, also, we find to be prominently true in Milk Sickness. So that, from a partial paralysis of the organ of life, we would expect *all* the symptoms that this disease presents, just as from *complete* paralysis, we would expect death.

My theory, therefore, of the pathology of the disease, is that it consists primarily in a depression of the powers of the *ganglionic system of nerves*, and secondly, or *immediately*, in a *tonic spasm*, and continuous spastic condition *of the intinal muscles.*

This theory is *confirmed*, not only by autopsies, but also by the fact that those means which will relax that spasm, and continue the relaxation, are the best remedies for the disease; such as the warm bath, or bleeding, etc., to syncope, where there is sufficient vital stamina remaining, and then keeping up the relaxation by cathartics, *et cætera.*

Treatment.—The treatment consists in sedatives, relaxants, cathartics, enemata, etc., judiciously and perseveringly applied. Each practitioner will have his preferences in making his selection of articles from these different classes of

medicines. Some may be more fortunate than others in their choice. I have my preferences. And I may say that in a thirty years' practice among it, I have been so fortunate as not to have lost a single case of my own attending.

I said above, that the means must be *perseveringly* applied. If one dose is rejected, another must be given, and that "not until seven times only, but until seventy times seven."

A CASE OF SCIRRHUS OF THE PANCREAS SIMULATING ABDOMINAL ANEURISM.

BY M. W. LILLY, M. D.,

Of Grand View, Iowa.

(*Concluded from page* 423.)

November 26. The tumor was about 6 by 2½ to 3½ inches. It appeared to be the abdominal aorta, or something exactly over it and attached to it. Its pulsations were so strong they could even be seen at a distance of a yard or more by lightly placing the hands on each side of it. By palpation it could be felt to expand laterally as well as in front. It could not be emptied by pressure. The pulsations as strong when patient was prone as when lying supine. On December 8th, the systolic shock and murmur were both distinctly marked, but no diastolic shock. The tumor seemed smaller than on the 26th ult. During the last week of November and first week of December, she had three quite severe attacks of dyspnœa, lasting from one to three hours, and a lighter fourth one.

December 7, evening. Found her in great pain, and nothing remaining on her stomach since yesterday morning. Blistered again; gave Jamaica dogwood and ½ grain of morphia hypodermically. 8 a. m. Blister produced no effect; the dogwood, nor anything else, retained by the stomach. The morphia gave the most complete relief she had experienced in a long time; used same again. The hands, after having been nearly well for a week or more, have again become very red and spotted, but not painful as before.

18th. For the last ten days absolutely nothing has remained on her stomach—neither food, drink, nor medicine. Bowels moved twice themselves, and appeared quite natural in character. Urine red, but free, sometimes markedly so. Morphia, hypodermically, her only relief from pain and vomiting. The pain was indeed torturing, radiating from the epigastric region in all directions. It always precedes the vomiting, and undoubtedly *is its cause and not effect*. Neither can I think the vomiting caused by the morphia or anything she attempts to take. On the 15th and 16th it required 1 to 1⅛ grain every 4 hours, and then only partial relief was obtained. For an hour or two after each hypodermic, she could endure the pain, talk, get a little sleep, and during these hours only. In three hours she begged for the hypoderm again. To-day it takes ⅞ grain each six hours. During last twelve days have given per enema every six hours egg ℥ss., lime water ℥j., and milk and beef tea each, ℥iss. Redness of hands all gone. The tumor is smaller.

21st. Since the 18th she can take a very little nourishment and hot water for drink. Has been raising a yellowish-green sputa quite freely. Now uses ½ to ¾ grain hypodermics, each six to eight hours. She is growing weaker fast, but stomach still so irritable and weak I cannot give more nourishment, or stimulants and tonics, even if certain they would do good. The tumor still smaller than on the 18th.

22d to 26th. Had to increase the dose of morphia again to ⅞ and one grain. Vomited but little.

26th. She died quietly at 10 a. m., two hours after the last hypodermic. Rational nearly to the last.

Post-mortem, December 27, twenty-four hours after death.

The following members of our County Medical Society were present by invitation: Drs. Hall, Overholt, Grimes, Rogers, and Latta.

We found both lungs adherent to the diaphragm and pericardium. The pericardium thin and translucent; quantity of fluid normal. Muscular structure of the heart soft and flabby, and covered with a small amount of fat. Lungs also adherent to the pleura in front. All these adhesions were easily broken up with the fingers. The stomach, diaphragm, and omentum strongly adherent. Stomach normal in size, save that its walls were very much attenuated, except at the pylorus, where there was some thickening. The abdominal aorta was firmly bound down by strong adhesions, but normal in size and position. Between the stomach and aorta was the tumor, in size about ½ to ¾ inches thick, 1½ inches broad by 5 inches long, extending from the level of the ensiform cartilage downwards, and a little to the right and forwards. The upper or left end—somewhat the smaller—was firmly attached to the aorta. Externally, it was covered with fibrous bands which had attached themselves to the posterior surface of the stomach, to the aorta as before mentioned, also from its lower end as low as the left kidney, to which it was firmly attached, and to the omentum in front. Internally, it was

grayish-white, with small black specks through it, and in a few places yellowish white. It cut dense and crisp. In some portions, the fibrous bands appeared to have extended into and through it. That this tumor, notwithstanding its nearly vertical position, changed structure, and small size at the autopsy, was the pancreas, I have not a doubt. The right kidney was smaller than normal; left one larger and firmly adherent. Liver somewhat enlarged and very friable. A small amount of tubercular deposit in the lower lobe of left lung; remainder of lung healthy. Ovaries normal. Uterus slightly enlarged. The skin remarkably friable—in closing the incision it was remarked, "It sews like through butter"—although a large, dull sacking-needle was used.

Remarks.—This case differed from the typical only:

1. In the skin disease of the hands, due, I think, to chronic inflammation of the pylorus, where we found thickening. Trousseau, Rayer, Chomel, and Wilson Fox, speak of eczematous or impetiginous irruptions, slight attacks of conjunctivitis, and a vinous tint on the malar bone and nose as frequent accompaniments of chronic inflammation of the stomach, and that during days when they were the most marked, the symptoms referable to the stomach were perceptibly alleviated. Also Schmidtmann remarks: "Novi mulierem in qua herpes faciei cum cardialgia alternabat; extante in facie herpete a cardialgia vacabat; eo disparente, exemplo duris torquebatur ventriculi doloribus."—"I know a woman in whom herpes of the face may be alternated with heartburn (cardialgia), while vacant from the stomach it stands forth with herpes in the face; as it disappears little by little, the pain in the stomach may become severe torture." I see no reason why this vinous tint mentioned should not appear on the hands as well as on the malar bone. You will remember the alternatings of pain from hands to stomach, also the attacks of conjunctivitis.

2. There was no discharge of fats by the bowels, and no enlargement of the lymphatics.

3. The whole gland was involved, I think, by a primary scirrhus, and the post-mortem found it much atrophied.

In conclusion, I would mention the remark of this lady's son, Mr. Henry M. White, after the autopsy, at which he was present. Said he: "The doctors know now what mother died of, but have they learned anything as to the treatment of another case like hers?" Possibly Mr. W. voiced the thoughts of many relatives at post mortems, and I was glad he thus expressed himself. We often have hard work to obtain post mortems, and is not here an added incentive to us to observe carefully and intelligently on these occasions, that we may have a clear and definite answer to give for the opinions we entertain and express. In other words, we must seek to make them of practical use to the laity and ourselves also. Some contend that "we know and can use only that which we can clearly express in language." I do not quite subscribe to this, but it certainly makes our knowledge more available and the better remembered.

In this case we learned two things: First, negatively, that without the pathognomonic sign of aneurism, do not call it one, and especially do not treat it by compression with the tourniquet; but having it, I think we ought.—Reynold's Sys. Med., II., 868. Second. If a cure could have been effected, I think it was in the line of our efforts.

SOME REMARKS UPON "THERAPEUTIC ACTION AND KINDRED SUBJECTS."

BY JAMES W. YOUNG, M. D.,
Of Williamsport, Pa.

Read before the Lycoming County Medical Society.

GENTLEMEN: The study of therapeutics is lifelong with the physician, and one worthy of his best efforts. In the presentation of my remarks upon this intricate but interesting subject, I trust I will make myself clearly understood. If I succeed in creating any new interest in this department of medicine, I will be well paid for these few lines.

A physician publishes a plan of treatment successful in his own practice, which, upon being tried by others, fails with many.

Why this happens, is a question of some interest to us. I confess my inability to give a clear solution of the difficulty. Experience has taught most of us that "hope kept alive" and faith on the part of the patient are valuable aids to the effectual action of medicines. That physicians are not equally expert in the use of these peculiar mental forces, is very clear. It matters not how much confidence our patients may place in us, their medical attendants; the instant they recognize the fact that we lack confidence either in ourselves or our remedies, the power of medicine for good is lessened, if not destroyed entirely. Of course I speak in a general way only, for it is well known that this statement will not apply to all drugs. A physician should have as thorough knowledge of the drugs he prescribes as the good

surgeon has of the instruments he uses, and the structures in which he works. It is better to use but a few medicines in the treatment of disease, and understand that few thoroughly, than to handle a multitude and know very little of any. It is admitted by all that many diseases differ in type and malignancy in different localities; and further, that they differ in the same vicinity in different years. Neither should it be forgotten that no two persons are exactly alike, either as a whole or a part—that vital force differs in the same person from time to time, and that it also differs in different persons; and finally, that the mode of death differs in different epidemics, and even in the same one. While this state of things exists, with no two cases alike, we can not expect at all times to get the therapeutic action of certain drugs to which our attention is called in medical literature. The form in which medicine is administered has much to do with therapeutic action. For the sake of convenience, we will divide medicine-takers into three classes, as follows:

1. Those who believe that disease can only be cured by a "strong medicine," or one which tastes disgustingly ugly. 2. Those who are fastidious or squeamish, and call for nothing but agreeable remedies. 3. Those who are satisfied with what we order. As the mind influences the body wonderfully in disease, the peculiarities of these different classes should be taken into consideration in prescribing. I do not wish the impression left, that any medicine should be given which is incompatible with the patient's safety. Tact upon the part of the physician has much to do with success in therapeutics.

Almost every one now-a-days is possessed of the idea that his system is below par, and demands medicines that will build him up. The physician who does not humor his patient in that idea, though he treat him to the very opposite, stands in the danger of either losing his case, or repelling faith and hope, those excellent persuaders of therapeutic action to which we have referred before. This is not all: our client may fall into the hands of a quack or practitioner of some exclusive system of medicine, and not only help fill the pocketbook of our adversary, but get well and sing praises to him and his system for many a day. Thus you see, gentlemen, that while we stand and wonder how it comes that our opponent is so successful, we scarcely ever think of the fact that faith, hope, and nature, cure many patients.

The antagonism of therapeutic agents is a subject which should receive our most earnest attention. Experiments upon animals and men in health are numerous, and certainly of vast benefit to medical science. Still it must not be forgotten that but very little of it is reliable enough to guide us in the treatment of disease. A vast field remains open to thorough cultivation. The action of the same medicine upon the sick is, as a general rule, wonderfully different from its effects upon the healthy. Here we again encounter a huge obstacle in the investigation of remedies. However, let us not be discouraged, for our work is grand, and one productive of much good. It matters not to what department of the healing art you give the greater portion of your time. Let every man do what he can, for our many minds and talents run in differnt channels.

I would not have you overlook the influence medicines exert upon each other in combination (or following each other), notwithstanding the tendency of the age is toward the administration of simple or single agents. Our many combinations are growing more simple by lessening the number of ingredients. The medical practitioner who discards routine treatment, and looks with disfavor upon those of his professional brethren who treat disease according to some system of nomenclature, is delighted with the signs of the times. Still it cannot be denied that the efficacy of certain formulas is beyond dispute, and he who disbelieves this statement places himself at great disadvantage. Accurate *clinical* observation is the chief key-note of therapeutic action. It is the rock upon which all investigation must finally rest or be crushed. If we wish to make great advances in the science, we must discard complicated formulas as much as possible, and rely principally upon simple combinations, or what is still better, the drug mixed with some harmless, inert, and agreeable substance. I would like to make some remarks regarding the actions of particular drugs upon each other; but as I have nothing new to offer, nothing unfamiliar to you, I would simply call your attention to the literature of this subject. I would not have you form the opinion that I do not believe in drugs, and depend solely on nature, for then I certainly would have degenerated in my materia medica.

It is hard to believe that any living physician would allow intermittent and remittent fevers to run their way without medicine, or let syphilis and other poisonous diseases develop without medication, and be but a silent looker-on.

Our aid is invaluable to nature in the treatment of hundreds of maladies which without our assistance would terminate fatally. I would not practice medicine one day longer did I not feel

fully satisfied that many medicines prolong life by curing and preventing disease, by banishing pain, and aiding nature in a multitude of ways.

A CASE OF CONCEPTION WITHOUT INTROMISSION.

BY EDWARD CASS, M. D.,
Of Dresden, Ohio.

In the REPORTER for March 1, 1884, is an extract from the *Gazz. degli Ospital*, October 24, 1883, by Resconi, discussing the subject of conception. The author combats the old opinion that "spermatozoa can make their way into the uterine cavity, if they have already been abandoned only in the vagina. Pallen, Fraer, Rouget, and Kolbert, have all shown the falsity of such doctrine. Experiments on the dead body are then related, which seemed to put beyond a a doubt, that semen can enter the uterus only at the time of coition." I have a case to relate that will put beyond a doubt, in practical minds, that conception *has* taken place where it was impossible for the semen to be thrown into the cavity of the uterus. More than a year ago I was called to see a lady in her accouchement, and on making digital examination, I found about two inches and a half within the vaginal canal a firm, unyielding band or curtain, entirely grown across the canal. On the pubic side of this curtain was a small orifice through which I could not introduce the end of my little finger. Through this small foramen must have drained the catamenia. It was her third confinement. Her testimony was this: Some time after the second child was born, she discovered this obstruction in the vaginal canal, and spoke of it to her husband before he had intercourse with her. She was delighted with the discovery, for she thought the obstruction would be an unfailing measure to prevent child-bearing. Some inflammatory action had taken place after confinement, and closed the canal as I found it. By force the band was ruptured, and the labor completed. It required considerable force to rupture the septum. Here, then, is an instance where it was impossible during sexual congress to inject the seminal fluid into the uterine cavity.

Here is a fact—a truth. Here is an accidentally discovered theorem that demonstrates the possibility that the uterus may be impregnated when the "spermatozoa have been abandoned only in the vagina." The American medical professors, in their docility to European speculative teachings, are peculiarly credulous. Since I have made this narrated discovery, I have doubt that the seminal fluid is almost never thrown into the uterine cavity. This unyielding curtain had no power to dilate the small orifice that speculators claim for the mouth of the uterus. The corollary is plain, without a doubt, that spermatozoa were in this case abandoned quite a distance from the mouth of the uterus. It may be that Pallen, Fraer, and Kolbert, *et al.*, would take this case to be an exceptional one to the rule, that the spermatozoa in the Americans are possessed of greater energy to surmount difficulties than those of other countries—and take into consideration that this occurred in *Ohio, too*, where we find the most determined, enterprising, and aggressive of the race. If this could be copied into every European journal, it might be a cause for them to reflect, and revolutionize a little speculative theory.

HOSPITAL REPORTS.

A CLINICAL LECTURE AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM PEPPER, M. D., LL. D.,
Provost and Professor of Clinical Medicine in the University of Pennsylvania.

Obstruction of the Small Intestine—Exophthalmic Goitre.

(*Concluded from page* 427.)

Now as to the vomiting which has been present at one period of this case. It would seem that we should obtain some valuable information from this point. Stercoraceous vomiting is a rare phenomenon, except in connection with actual mechanical obstruction of the bowel, and it is most frequently found associated with mechanical obstruction of the ilium. The narrowing must be at such a position that the contents of the bowel have acquired a fæcal character, and it cannot therefore be in the jejunum or very high in the ilium. The occurrence of vomiting of this nature would indicate that, as long as nineteen years ago, there was mechanical obstruction in the bowel.

A not improbable explanation of this case is, that in consequence of ulceration of the follicles of the intestine, occuring perhaps in a child in whom there was some natural narrowing of the bowels, there was produced a contraction of the intestine, giving rise to obstruction to the passage of hardened fæces, to immense distension of the abdomen, and to recurring attacks of stercoraceous vomiting, which continued for seven months; that with the development of the intestine, and possibly with some yielding of the stricture, the obstructed part was enlarged sufficiently to allow life to continue; and that as long as the fæces are liquid or very soft, they can get through, but that the obstruction is always sufficient to interfere with the passage of hardened fæces, and to retard

the passage of softened fæces and allow the formation of immense quantities of gas.

From the facts that the appetite is still fair, that the digestion and assimilation are good, that there is no vomiting, no eructations, that the flatulence is intestinal, and the gas passed per anum, I conclude that the great prominence in the upper zone of the abdomen is due rather to great distension of the colon than to dilatation of the stomach. I mention these facts, reserving to myself the privilege of investigating the stomach by direct exploration before deciding positively as to this point.

Is there any other supposition than the one which I have stated which will explain this case? It is needless to say that if any tumor had been forming and gradually occluding the bowel, it would have brought the case to an end long before this. No impaction could have continued as long as this has done under such varying methods of treatment. Some of the curious forms of internal hernias in which the bowel slips into a rent in the mesentery are to be thought of. It is possible that the constriction is due to this cause. Still this is not as probable as narrowing of the intestine, for the symptoms have been so continuous, neither assuming greater severity nor yielding to any considerable degree. If the obstruction were the result of some form of internal hernia, we should expect that at intervals there would have been complete obstruction, and with stercoraceous vomiting. There has, however, only been an average degree of obstruction remaining persistently for eighteen years; and this is more consistent with a certain definite degree of narrowing of the bowel than with any other condition of which I can think.

This supposition makes the prognosis, as regards duration of life, much more favorable, and at the same time shows us that we should limit our efforts at treatment to dietetic management. I should like to try in this case the effect of absolutely liquid food, given in small quantities at frequent intervals. I shall order skim-milk or butter-milk in doses of four ounces every two hours, and gradually increase the amount to six or eight ounces every three hours. It may be that the milk will form too hard masses. If that should be the case, I shall order pepsin and dilute the milk with one-third of its bulk of lime-water, or a little thin oatmeal gruel may be added to break up the masses of casein. If this proves too constipating, I shall go farther and form a peptonized milk, a portion of which will be added to each quantity of milk taken, and he will also receive after each meal five grains of pepsin.

We shall continue this treatment sufficiently long to determine its effect on the immense distension.

Exophthalmic Goitre.

This patient, M. W., was born in Prussia, but came to this country when three years of age. She is now twenty-nine years old. Her mother and one sister died of phthisis. She states that her paternal grandmother had goitre. She was put to work when twelve years of age, and has had to work hard ever since. Soon after going to work, she began to suffer from attacks of palpitation of the heart. She has always been nervous, and worries greatly over trifles. Eleven years ago, the lower part of the left lobe of the thyroid gland began to enlarge, and five years ago the right lobe began to increase in size. Her friends state that six weeks ago the eyes were not at all prominent, but that since then they have gradually become protruding. She has become excessively nervous, and often has slight attacks resembling angina. Two weeks ago the feet began to swell. She has had to get up at night to pass water, but the urine contains no albumen. Five months ago menstruation stopped, but it has now returned. Previous to five months ago it was natural. She thinks that she does not lose too much.

She has a good appetite, but after eating, feels a weight and oppression in the stomach. When I ask in regard to the condition of the bowels, she states that they are "regular," but further questioning shows that she has sometimes six stools a day. I have hundreds of times been deceived by accepting the statement that the bowels were regular as meaning that there was one natural stool a day, while the patient only meant that there were stools every day, and if there were twenty, all the better. There is such a passion for loose bowels that people will often say that the bowels are regular when there is actual diarrhœa. During the past two years there has been a great deal of diarrhœa. There are at least two stools every day, which she says are of natural consistence.

Here then we have a history of premature work, resulting in breaking down the general system, with the development of nervous symptoms through a number of years, with palpitation of the heart, and as the next symptom with this enlargement of the thyroid, and recently with a little protrusion of the eye-balls. During all this time, the evidences of gastro-intestinal catarrh have been present. From such a history one would naturally suspect this to be a case of exophthalmic goitre, or Graves' disease.

The pulse is 124 per minute, and the action of the heart is quick and jerking. The respiration is so jerking that it is difficult to say whether or not there is a mitral murmur, but I think there is none. There is a murmur heard over the pulmonary valve. This is probably anæmic (hæmic).

The thyroid gland is monstrously enlarged; it pulsates, but is not the seat of a strong thrill. There is a slight thrill. The vessels of the neck are all distended, and the enlarged gland has pushed the sterno-cleido-mastoid muscle far back, and displaced the carotid artery, which is entirely superficial, and pulsates, as you see, directly under the skin. This is remarkable. The artery can readily be rolled under the finger. On the left side the artery is not displaced in this way. Over the right carotid there is no murmur. There is a slight murmur over the enlarged gland. No murmur is heard over the lateral sinus of the brain, where a murmur is sometimes heard; nor is there any over the longitudinal sinus.

We have then a case of marked exophthalmic goitre, of which the protrusion of the eyeballs is the least prominent symptom. The development of these cases varies greatly. The heart trouble, as a rule, begins with palpitation, which may for some time be regarded simply as a functional irregularity of the heart. In many instances, this has been preceded by impaired nutrition resulting from

gastro-intestinal disorder, which is often conjoined with chronic diarrhœa. I have seen so many cases in which this affection has been associated with gastro-intestinal catarh, that I am disposed to think, either that the catarrh actually serves as a strong predisposing element in the development of the disease, or else that it is the result of an analagous morbid process in the sympathetic ganglia of the abdomen, whose derangement we know often causes diarrhœa, and this may be subsequently followed by a morbid state of the vasomotor ganglia, governing the action of the heart. I believe that one or other of these relations subsists between catarrhal diarrhœa, lasting through a long period of time and the subsequent development of exophthalmic goitre. Then as most of these cases are in women, we find partly from the nervous disturbance, partly from the anæmia and partly as a predisposing cause, uterine derangement in a large number of cases. There is often menstrual disturbance and ovarian irritation. In this girl the gastro-intestinal derangement has been the most marked feature among the predisposing elements, while the uterine disturbance has only shown itself in the last six or seven months, when she had amenorrhœa for five months, although the menses have now returned.

After the heart has continued in this disordered state for a variable time, thyroid enlargement appears. This may appear early. The gland may enlarge symmetrically, or only one lobe at a time be affected. The enlarged thyroid is the seat of pulsation and often of a thrill. The carotid arteries pulsate violently, and they are at times distended. In the present instance, they are distended, and on the right side displaced. After these symptoms have continued for some time, exophthalmos usually appears, and advances to varying degrees, sometimes remaining slight, sometimes so great that the globe cannot be covered, and the cornea becomes ulcerated from exposure.

During this time the patient grows breathless, exhausted, weak, and anæmic, and frequently we have evidence of this anæmia in the appearance of dropsy. We have in this patient a typical case, with the exception of the exophthalmos. Such cases are often curable, and always can be improved unless the disease has been allowed to go on to the latest stage.

The treatment of such a case consists in the regulation of digestion, the promotion of nutrition, the strengthening and control of cardiac action, the control of nervous excitement, and the promotion of contraction of the enlarged thyroid. Careful hygiene and regulation of the diet is required. An exclusive milk diet sometimes works marvels. The use of digitalis and iron in an acceptable form, the occasional use of ergot, and the use of absorbents, of which iodine and iodoform are among the best, are useful remedies. As a matter of fact, excellent results are obtained from the combination of iron, iodoform, and digitalis.

I shall order for this girl a pill containing one grain of reduced iron and one grain of iodoform, to be taken twice daily and gradually increased to two pills three times a day. Three times a day between meals, she will receive a sufficient amount of digitalis (from eight to twelve drops of the tincture) to control and strengthen the action of the heart.

This treatment will be continued for two or three weeks, when she will return and report results. We shall have her weighed and the number of blood globules counted.

The diet will be strictly regulated, and will consist of milk, rare meat, and soft eggs. All hard and coarse food will be avoided, so as to prevent diarrhœa. She states that she has been using a good deal of coffee. This must be stopped, for I know of no substance more injurious than coffee.

I think that when we again see her, she will be greatly improved.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Nitro-Glycerine and the Chloride of Gold and Sodium in the Treatment of Albuminuria.

BY ROBERTS BARTHOLOW, M. D., LL. D.

Meeting December 19, 1883.

Hitherto the therapeutics of renal diseases have not advanced in the same ratio as our knowledge of their pathology. It cannot be said now that a cure has been found, but that two remedies of real value are available. My contribution to this symposium on albuminuria, consists in an attempt to define the place which these remedies should occupy in a curative scheme.

How and when are these remedies to be used?

Nitro-glycerine is now administered, as all present know, in the form of the centesimal solution—1 minim of the pure drug to 100 minims of alcohol. The initial dose of this one per cent. solution is one minim, which should be increased until the very characteristic physiological effects are produced. The susceptibility to the action of nitro-glycerine varies greatly, and hence the dose cannot be stated in advance. It is necessary to produce some obvious effect. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the effect is not lasting, the interval between the doses should not exceed three or four hours.

The administration of nitro-glycerine should begin in acute cases immediately after the subsidence of the acute symptoms. It is indicated in chronic cases at all periods, but is more especially useful if given before hypertrophy of the muscular layer of the arterioles has taken place. When it acts favorably, the amount of albumen in the urine steadily diminishes. The mechanism of its action consists in the lowering of the pressure in the renal vessels. How far any curative effect proceeds from action of this remedy on the sympathetic system, remains to be determined.

Chloride of gold and sodium is indicated in the subacute and chronic cases, especially the latter. The earlier it is given the better, if structural changes are to be prevented or arrested. The good effects to be expected from it will depend necessarily on the extent of the damage already inflicted on the kidneys.

The usual dose is $\frac{1}{20}$ grain, twice a day, but this

may be much increased, if necessary. At the outset, $\frac{1}{10}$ grain may be given; in a week the dose should be lowered to $\frac{1}{15}$ grain, and after a month the regular dose of $\frac{1}{20}$ grain should be steadily pursued, with occasional intermissions. Indigestion, gastralgia and colic pains, nausea or diarrhœa, are occasionally caused by it; and if so, the quantity administered must be reduced. It is usually borne without any discomfort, but after prolonged administration, salivation, weakness, emaciation, trembling, and other nervous phenomena, may possibly occur. Such effects, however, are wanting in my experience.

The treatment of albuminuria by nitro-glycerine and the chloride of gold and sodium, does not necessitate the exclusion of other means—hygienic, climatic, or dietetic. These remedies should, however, be given uncombined, at different hours, and their actions should not be hindered or obscured by the effects of other agents given with like purpose. To this general statement there may be two exceptions: with nitro-glycerine, amyl nitrite or sodium nitrite may be given; with the gold and sodium chloride, corrosive sublimate may be combined. If doubts may be felt in regard to the propriety of depending on the utility of these remedies, they need not be long experienced, for if no good effects are observed in two weeks, they may then be discontinued.

The Supposed Connection Between Ear Disease and Kidney Disease.

By Charles H. Burnett, M. D.:

Early writers on disease have shown a knowledge of the fact that alterations in hearing occur in the course of general diseases, as for example, in diseases of the kidneys. It was supposed by them that the alteration in the functions of the ear, in this form of disease, was due to changes in the auditory nerve. But the results of the more reliable modern investigations tend to show that if an ear disease be due to a kidney disease, the lesion usually occurs in the tympanic cavity, and not in the auditory nerve.

Certainly accidents of a hemorrhagic or apoplectiform nature might be expected either in the tympanic cavity or internal ear, in Bright's disease, when we reflect upon the deterioration of the blood, and upon the malnutrition and friability of the vascular system, in the later stages of the malady. Further, as Bright's disease is characterized by a tendency to inflammation, especially in serous membranes, and as the membranous structures of the internal ear, or labyrinth, belong to this class of membranes, very naturally organic change in these tissues might be looked for in Bright's disease of the kidneys.

However, as late as 1856, Rau, in his "Ohrenheilkunde," published in Berlin in that year, claimed that there was not a solitary reliable observation at that time on record, in favor of any symptomatic relation between the ear and the urinary organs.

In 1869, Schwartze* reported a case of extravasation of blood into the tympanum, as peculiar to Bright's disease, though of rare occurrence; and in the same year, Dr. G. M. Smith, of New York,† "called attention to the fact that impairment of hearing was at times one of the symptoms of Bright's disease, and a symptom which could not be explained by referring it to uremia."

In 1873, Dr. Roosa, of New York, in his treatise on the ear, refers to an obstinate case of suppuration and pain in the middle ear in a man sixty-one years old, suffering from Bright's disease. In this case, it was supposed that the effect of the renal disease upon the tympanic vessels was the cause of the acute suppuration, and it was also supposed that the disease in the drum cavity was originally hemorrhagic in nature. The subject was deemed of enough importance to place a physician on his guard for renal disease, in cases of hemorrhage into the tympanic cavity.

It must not be forgotten, however, that there is a purely sthenic form, otitis media hemorrhagica, occurring in subjects entirely free from kidney disease, in which the only effusion is pure blood, the removal of which from the tympanum by paracentesis, is followed by cessation of pain and return of hearing.*

Again, in 1878, Schwartze† states that serous catarrh of the tympanic cavity, is found in syphilis, heart disease, pneumonia, Bright's disease, naso-pharyngeal catarrh, and apparently may be due sometimes to vaso-motor disturbances. The same author says, hemorrhages into the labyrinthine cavity and the membranous labyrinth occur in kidney diseases.

Also that extravasations of blood into the tympanum (hæmato-tympanum) occur spontaneously with acute inflammation in morbus Brightii, cynanche diphtheritica, and in endocarditis verrucosa recens et ulcerosa (op. cit., p. 94).

Dr. Paul Pissot,‡ in an inaugural thesis, is disposed to consider three forms of aural disease, which may arise in Bright's disease, viz.: tinnitus aurium, partial deafness, and complete deafness. His conclusions are, that affections of the hearing may arise at the beginning or during the course of the renal disease. Intermittence seems to be characteristic of these forms of deafness, which may be contemporaneous with the œdema, or may precede it. They appear with all forms of the disease, and are manifested with variable intensity. But he cannot say to what special lesion of the ear, or of the nerve of hearing, their symptoms are attributable. Delacharrière, a responsible aurist, examined the cases upon the history of which the thesis is based, and found rupture of the membrana tympani, abnormal vascularity of the manubrium, and sclerosis of the tympanum, and was disposed to regard the conditions as causative forces. Pissot held that the hypothesis of Rosenstein, according to which there is œdema in the course of the auditory nerve within the cranium, may explain the intermittence and variations of intensity in these morbid manifestations. This latter process may be analogous to œdema of the glottis and vocal cords noted in Bright's disease by Fauvel, in 1864. A similar symptom has been noted by Sée.

In alluding to chronic, non-suppurative aural

*Archiv. f. Ohrenkeilkunde, Bd. iv., p. 12.

†N. Y. Acad. of Med. See Roosa's Treatise, 1873, p. 257.

*Roosa, Transactions Amer. Otol. Socy., 1872, and O. D. Pomeroy, Ibid., 1875.

†Pathological Anatomy of the Ear. J. O. Green's Translation, pp. 97 and 157.

‡These pour le Doctorat en Médicine. Faculté de Med. de Paris, April 4, 1878.

catarrh in children, Von Troeltsch* says: "A greater blood pressure from increased action of the heart, as in Bright's disease, must necessarily produce a certain hyperæmia, even in the mucous membranes of the head."

Dr. Albert H. Buck,† of New York, expresses the opinion that in some instances a serous fluid, deeply tinged with the coloring matter of the blood, finds its way into the tympanic cavity through other than inflammatory causes. "Instances of the latter form of disease are very rarely met mith, and then usually in connection with a depraved state of the general nutrition, as in morbus Brightii."

Dr. Maurice Raynaud‡ expresses the opinion that diabetic otitis is not only more frequent than is supposed, but that when this has once become a well-known fact, it may prove a pathognomic index, like anthrax, diffuse phlegmon, and certain erythematous eruptions about the genitals, and arouse suspicion of the presence of the renal disease hitherto unsuspected. He cites a case of well-marked diabetes mellitus, in which there suddenly occurred, one evening, a severe earache, after the patient had been in hospital two weeks, and most carefully watched, so that no chilling could have been the cause of the ear pain. The pain became intense, and toward midnight of the same evening in which the pain set in, there occurred an abundant hemorrhage from the drum-cavity of the affected ear, which was followed by immediate relief. This was followed for several days by a copious sero-sanguinolent, and then serous discharge, which contained leucocytes and albumen, as shown by heat, but no sugar. Post mortem examination, twenty-three days after the attack of otitis, revealed a large perforation in the anterior segment of the membrana tympani, red, fungous and bleeding mucous membrane in the drum-cavity, in which there was a pink, purulent liquid. The ossicles were not dislocated, but were imbedded in granulations, and near the stirrup was a clot of blood. The mastoid cavity was filled with a rose-colored liquid, containing pus-cells, and its bone substance was greatly injected and marbled, presenting all the appearances of inflammation of bone tissue. The labyrinth showed no alterations. The author concludes that ostitis in the petrous bone is a peculiar and constant symptom of diabetic otitis.

P. McBride,‖ in an article devoted to the consideration of the various causes leading to aural disease, states that "occasionally the ear is affected in Bright's disease by hemorrhage into the tympanic cavity. The tympanum becomes filled with blood, which probably either becomes absorbed or leads to suppuration. Schwartze was, perhaps, the first to observe this condition." McBride further says: "I am not aware that sudden labyrinthine deafness in the course of Bright's disease has been described, but it seems probable that such a contingency might be looked for here and also in pernicious anæmia, in which retinitis hemorrhagica is not uncommon."

In the recently published work of Prof. Politzer,* on the ear, the author's experience is that in cases in which a supposed connection existed between the organic renal disease and an aural malady, the fundamental cause lay in very apparent changes in the middle ear. He has also found that "catarrhs of the ear run an unfavorable course in tuberculosis, Bright's disease, and all cachexiæ by which the nutrition of the general system has become deteriorated."

CONCLUSIONS.

1. Evidences in favor of either frequent or well-marked aural lesions, dependent upon renal diseases, are extremely meagre.

2. Those lesions in the ear, which have been found in connection with Bright's disease and diabetes mellitus, and which may have been dependent upon the dyscrasia induced by these renal disorders, are in the form of sero-sanguinolent and hemorrhagic effusions into the drum cavity. But the latter must not be mistaken for the sthenic form of otitis media hemorrhagica.

3. From the serous nature of the membranous structures of the labyrinth, organic changes might reasonably be expected in Bright's disease, but positive proof of the occurrence of such lesions based on ante- and post-mortem history is wanting.

*Diseases of the Ear in Children. J. O. Green's Translation, 1882, p. 67.

†Diagnosis and Treatment of Diseases of the Ear, N. Y., 1880, p. 164.

‡Clinical lecture at La Charité, Paris. Annales des Maladies de l'Oreille, etc., March, 1881.

‖Edin. Med. Journal, February and March, 1882.

*Cassell's English Translation, 1883, Philada.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Notes of a Case of Inflammation of the Cervical Portion of the Spinal Cord, the Result Probably of an Injury; Followed by Tetanic Symptoms.

BY J. CHESTON MORRIS, M. D.

I desire to call the attention of the Fellows to the following report of an interesting case in which the diagnosis was obscure:

On Sunday, November 25, I was consulted by Dr. ——— about the case of his daughter, an intelligent, lively girl, aged 12, of spare, nervous habit, but generally good health, except that about a year previously she had suffered from slight chorea. He thought she had mumps, but was afraid that the stiffness of her jaws and slight pain in the back and neck, which were all the symptoms complained of, might be due to diphtheria or else to cerebro-spinal meningitis. I told him I thought it was probably only the result of a slight cold, and was rheumatism; if, however, he felt uneasy, he had better send for Dr. Darrach (in whose neighborhood he lived), and, if necessary, I would see her in consultation. Dr. D. telegraphed me to meet him the next morning, and he told me he had found the girl's jaw firmly locked the previous evening, and there was considerable opisthotonos. As we entered the room, a convulsive movement passed over her features, with much suffusion of the face, which soon subsided, leaving, however, a sardonic expression of countenance, and marked opisthotonos. We both thought these convulsive movements might have arisen from dread of my repeating the efforts which had been vainly made the night before to open her jaws; but it was soon evident that this

was not the case. She complained of no pain, and bore handling and examination well, but nothing further was elicited. Her pulse was about 119, skin and temperature normal or nearly so, tongue slightly furred, respiration rather frequent, but no evidence of lung or heart trouble. She lay on her right side, her head drawn back, with the spinal muscles strongly contracted, and occasionally spasmodically drawn. The abdominal walls were somewhat harder than natural.

Our diagnosis was congestion of the cervical region of the cord, whether of choreic or rheumatic origin we were in doubt, as the symptoms and history gave no clue. Still, the indication seemed to be to allay the spasm, and we directed the administration of full doses of fluid extract of conium, alternated with full doses of opium and belladonna, and liquid nourishment. Dr. Currie assisted Dr. Darrach in charge of the case. I saw her again on Wednesday morning; her pulse had fallen to 104; skin and temperature normal; she expressed herself as rather easier, and wished to be moved to the other side of the bed, which was accomplished, to her relief. The trismus had yielded very slightly; the spasms occurred at longer intervals, but were rather more marked. Dr. D. thought there had been some increase of reflex cutaneous sensibility the day before in the lower extremities, but this had passed away. Careful examination showed absence of the patellar tendon reflex, but the sensitiveness of the skin to touch was normal. Our conclusion was that the spinal congestion had passed or was passing into the stage of effusion, but as it did not seem to be extending, we hoped for a good result. The bowels had not been moved, and were becoming distended with flatus; enemata of flaxseed tea and assafœtida were, therefore, ordered, and previous treatment continued. She, however, soon after became worse; delirium supervened, and she died in a convulsive attack on Thursday, November 29, at 4 a m.

I requested an autopsy, permission for which was given December 2, "if I still thought it necessary after learning that some three weeks previous to her sickness she had had a severe fall forwards, striking her head so as to make her nose bleed severely; the blood also settled under her eyes." The autopsy, at which only the cervical cord was allowed to be examined, took place at 4 p. m., three days and a half after death. On opening the spinal canal by an incision through the back of the neck and sawing through the vertebral processes on each side, a bloody serum escaped from it; the lining membrane of the canal and the dura mater of the cord were deeply congested, and the cord itself felt softened; it was detached as carefully as possible, and the finger passed up through the foramen magnum into the cranial cavity. The foramen was smooth, but just below it, on the anterior wall of the canal, the odontoid process of the second cervical vertebra was denuded, and felt rough to the finger, almost carious. Unfortunately, as permission had not been obtained for examining the brain, and it was important to avoid disfiguring the body, no ocular demonstration could be made. The portion of the cord removed was placed in the hands of Dr. Morris Longstreth, with the above history.

The case seems to me to be a very interesting and instructive one. An injury by *contre-coup* to the odontoid process, followed by inflammation of the spinal cord and tetanic symptoms coming on insidiously three weeks after the injury, in the case of an individual of choreic, rheumatic antecedents, was perhaps hardly to have been diagnosticated more correctly with the information we had. I may add that her uncle, the son of one of the Fellows of this College, died of fracture of the cervical spine, the result of an accident, some thirty years ago.

I also subsequently learned that she had complained of pain in the back of the neck, after the fall, to the cook, and her mother informed me when I first saw her that she had for several days previously spoken of slight pain in the upper and middle part of the spine, which she supposed to be rheumatic or due to a slight cold taken while gathering walnuts. She also noticed on these days a peculiar drawn expression of the face, which occurred while she was at table, when the stiffness of the jaws was first noticed, which gave rise to the supposition that she might be getting mumps.

Dr. Morris Longstreth submits the following note on the examination of a portion of the cervical spinal cord.

The substance of the cord is slightly softened. The larger vessels of the pia-arachnoid are very full of blood, and very conspicuous. The general aspect of the surface is pinkish, indicating an injection of the smaller vessels. A cross-section of the cord presents nothing to note. The inner membranes can be more easily separated from the cord than normal, and it is apparent from their examination that there exists a slight exudation which renders their tissue somewhat opaque.

The microscopic sections were made, after a short immersion in alchohol and subsequently in Muller's fluid, by freezing. The tissues of the membranes appear swollen, their fibres are separated, and in places the interstices show a minute amount of exudation materials. The inflammatory material is seen also on their outer surface, but the amount of it is not considerable. It is composed of fibrinous threads in which are entangled a small number of nuclei. The blood-vessels are large, the swelling also affects their walls, and many of them contain blood corpuscles and clots. The specimens—those that were stained with a carmine fluid—show these parts deeply colored, and the nuclei are unusually conspicuous.

On the inner surface of the membranes toward the cord, the inflammatory changes of the same character are also seen; they extend into the substance of the cord but a short distance. The portion of the cord at its surface is markedly granular. The same changes are found in the portions of the membranes which extend into the anterior and posterior fissures of the cord, but at these parts the morbid condition is less distinct. The blood-vessels, ramifying in the substance of the cord, show slight alterations of a similar character, and around them at a few places there appears a very slight exudation in which the nuclei stain deeply.

The nerve tubules and the ganglion cells of the cord show no appearance of change. The tissue of the cord, however, showed some alterations.

Its general appearance was more granular than normal; this change was irregularly distributed, more marked always near the surface, but uneven in the depth of its extension. It is uncertain whether it is more marked around the capillaries in the interior of the cord, where it is often conspicuous in cases of tetanus. It must be noted that the effusion around these capillaries is very slight, however. The change of this tissue can be described as a granular disintegration, and, judged by its character and its situation, was probably induced by inflammation of the membranes affecting the contiguous parts of the cord. In one or two places, bundles of nerve filaments (cross-section of the spinal nerve roots) are seen attached to the outer surface of the membranes. Around these bundles and among the fibres, the inflammatory changes are especially well marked.

Remarks on the Post mortem Changes and the Microscopic Appearances.—The post mortem changes, taken in connection with the history and symptoms, show that the tetanic spasms were due to the inflammatory condition of the cord. The inflammation was most marked at the portion of the cord from which are derived the filaments of the nerves distributed to the muscles alone implicated in the spasmodic contractions. It would seem that the impress was communicated directly to these nerves, probably before their exits from the dura mater, since we see the inflammatory changes conspicuous around some of the filaments of which they are made up.

The changes in the cord, as here seen, are not of the character found in tetanus; at least they do not equal in degree those usually found. Here the vascular exudation is very slight or entirely wanting, and the granular disintegration is slight and localized, and evidently communicated from the inflammation of the membranes. In tetanus we have no inflammation, the changes consisting of exudation, mostly or entirely fluid, which leads to granular alterations of the tissues of the cord. Here we have a very evident, though slight, inflammation, which has produced somewhat similar alterations of the cord, partial and much less in degree, and only approaching the tetanus changes in kind.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Pathological Relations and the Etiology of Diphtheria.

Dr. Edward F. Willoughby thus writes in the *Brit. Med. Jour.*, March 1, 1884:

I. 1. Recent microzoic pathology has established beyond doubt in some cases, and presumably in others, that infections and infective diseases, with a few apparent exceptions—if, indeed, they be exceptions—are caused by, dependent on, or constantly associated with, the presence of certain more or less differentiated forms of bacteria.

2. We are justified in considering these as specific—though, as in the case of the ova of man, ox, and dog, the specificity of which is clear enough, our visual organs may not be able to distinguish them—by the specific character of their effects in the body, the contagium of each disease producing the same, and not another.

3. Yet there is reason to believe that these specific forms may be evolved—except in the case of some of the most highly differentiated, as small-pox, the conditions necessary to whose evolution do not now exist—from non-specific and inert forms; and that thus some diseases, afterwards and usually propagated by contagion, may at times be evolved from extra-corporeal or other bacilli; in other words, may arise *de novo*, though not *de nihilo*.

4. These lower forms of bacilli, non-specific, but capable of developing into higher and specific forms, as well as the necessary conditions for their development, are most likely to be found in and among the processes of putrefaction of organic matter—processes themselves invariably set up by like organisms; and such diseases are thus, as Murchison maintained against Jenner regarding enteric fever, *pythogenic*.

5. While history and medical observation warrant us in denying such evolution, under existing social and sanitary conditions, in regard to small-pox and measles, and leave the cases of typhus and scarlatina open to differences of opinion, there is an overwhelming mass of evidence in favor of its frequent occurrence in enteric fever, and still more of diphtheria.

6. Bacilli of a more or less infective character are present in most forms of pharyngitis and tonsillitis, whether induced by exposure to and absorption of septic poisons, or by the usual causes of catarrh.

II. *Diphtheria* may be defined as an infectious and specific, though, perhaps, not highly differentiated disease, marked by some or all of the following phenomena. Locally, there is an inflammation of all or any part of the fauces, tonsils, pharynx, nasal passages, and larynx, characterized by the exudation of lymph rich in fibrine and proliferated epithelium cells and leucocytes, leading to submucous thickening and the deposition on the surface of a so-called false membrane of any degree of thickness and consistence. Generally, there are blood-changes or deranagements of innervation and nutrition, manifested not only by pyrexia and albuminuria as in scarlatina, but by certain characteristic phenomena, viz., paralysis of the heart, of deglutition, and, perhaps, of voluntary muscles, of the nerves of special sense, and derangements of common sensation; these phenomena differentiating it from non-specific pharyngitis.

The local dangers are:

1. The liability of this exudation to putrefaction and the absorption of the putrid matter.

2. The obstruction of the glottis by the exudation.

3. The paralysis of the glottis, due to the inflamed state of its muscles, causing its margins to collapse during inspiration, while expiration is unaffected.

That this, and not spasm, is the cause of the suffocation is evident, because—

1. Muscles actually inflamed are not subject to spasm, but rather to loss of contractile power.

2. So long as the glottis is not obstructed by membrane, expiration is not impeded.

3. Identically similar respiration follows division of the laryngeal nerves, *i. e.*, artificially produced paralysis.

4. Is also heard when artificial respiration is performed on the dead body in which the glottis is passive.

III. *Diphtheria and Croup.*—Croup is an equivocal expression, being popularly applied to any cough marked by a peculiar brassy sound, indicating its origin in any abnormal condition of the larynx. It may thus mean—

1. Simple or catarrhal laryngitis.

2. Laryngismus or true spasm of the laryngeal muscles, arresting, during its continuance, both inspiration and expiration.

3. Laryngeal diphtheria.

The last name is by some physicians restricted to cases of diphtheria, originating in the larynx itself; but identical symptoms and consequences follow the extension of the diphtheritic process from the pharynx to the larynx; and such a distinction is unscientific, and without any practical value.

"Croup," therefore, if not simply catarrh, or a reflex spasm of the glottis, is, and should be called, diphtheria.

IV. *Diphtheria and Tonsillitis.*—In catarrhal tonsillitis, the increased and altered secretion of the tonsils thickened by cell-proliferation distends and protrudes from the crypts in the form of whitish points, which may ultimately coalesce, undergo putrefaction, lead by absorption to inflammation, and even suppuration of the cervical and submaxillary glands, or assuming a fibrinous character simulate diphtheria; but in such cases albuminuria, and the nervous derangements characteristic of diphtheria, are absent.

More often the inflammatory process is localized, and pseudo-abscesses in the tonsils, and enlargement of the neighboring glands, are the only consequences.

V. Though the great majority of cases of tonsillitis and pharyngitis are purely catarrhal, set up by exposure to cold and wet, to irritants, etc., experience places it beyond doubt that they may be produced by the absorption of septic agents, as sewer-gas, etc. Between these cases and well-marked diphtheria it is impossible to draw any satisfactory line of demarcation, and we are justified by analogy as well as by clinical observation in believing all such cases of septic tonsillitis and pharyngitis to be essentially the same as diphtheria.

By analogy, even in those fevers whose lesions are usually visible and unmistakable, we meet with obscure and unrecognized cases, cases whose true nature is only revealed by their remoter consequences, as albuminuria in scarlatina, or even by their merely giving rise by infection to other cases which admit of no such doubt. We have small-pox with one pustule, and why not with none? scarlatina without visible eruption, enteric fever marked only by slight intestinal derangement and malaise or weakness, and so on.

Clinically, I have seen three sisters with what seemed to be a common foul-smelling sore-throat, but in one of whom fatal laryngeal symptoms rapidly developed, she being a feeble child of five, and they healthy girls of fourteen and sixteen years. In none was there any visible exudation on fauces or pharynx.

I, therefore, firmly believe that diphtheria is of far more frequent occurrence than is commonly supposed, and that all, or nearly all, cases of sore throat evidently connected with unsanitary surroundings, and affecting, simultaneously or consecutively, several members of a family, are to be reckoned as diphtheria.

VI. *Etiology.*—The connection between sewer-gas and fæcal or other putrid accumulation in or around dwellings, and diphtheria, has long been recognized by medical men, especially those resident in towns. But, of late, several rural practitioners and medical officers of health have advanced a theory of meteorological causation. Dr. C. Kelly, medical officer of health for West Sussex, insists on the fact that, while diphtheria is scarcely known in Worthing, it is very prevalent in the rural districts; and he attributes it to exposure to cold and wet in going to and from distant village schools. In the reports of the German Imperial Board of Health, I observe that it is at times fearfully prevalent in the rural districts of Saxony; and, in those of the Board of Health of Michigan, I find that among the sparsely-peopled settlements in the backwoods, amid foul and stagnant pools, etc., its ravages surpass all example.

I do not deny the facts adduced by Drs. Kelly, Slane, King, etc., but I do their inferences; for where does one meet with foul dunghills, pigsties, etc., in close proximity to houses, saturating the soil with putrescent matter, or with cesspools side by side with wells, more frequently than in such villages and rural homesteads?

Again, it is remarkable that, in Munich, as Dr. Soyka has shown, enteric fever prevails most in those quarters provided with old and pervious sewers, next in those with good sewers, but where the houses are not properly disconnected therefrom, and least in those without any sewers at all; whereas diphtheria is constantly present in the latter, drained only by the *Stadtbächer*, and with cesspools dug in the porous rock. Thus, diphtheria and enteric fever exist in Munich side by side, but in inverse proportions, in the several quarters of the city. In fact, it would appear that surface-accumulations of filth are more likely to generate diphtheria, and pent-up putrid gases to produce enteric fever.

Hypodermatic Injections of Calomel in the Treatment of Syphilis.

The *Med. News*, quoting from the *Annales de Dermat. et Syphil.*, says;

It being granted, says Dr. Louis Jullien in a recent note on this subject, that the hypoder-

matic treatment of syphilis is the preferable method, what mercurial preparation shall we use? While Lewin, of Berlin, and the majority of practitioners, have expressed a preference for soluble and easily-absorbed preparations (the bichloride and the peptonate of mercury), Scarenzio has recommended the use of calomel, in suspension, as a very manageable preparation. The first experiments of Scarenzio were made in 1864. Now, twenty years after, his method has received new attention.

The formula first used by Scarenzio was:

Calomel,	gr. iij–ivss.
Glycerine,	♏ xxv.

Smirnoff modified this formula to one part, by weight, of calomel, to ten parts, by weight, of glycerine. At each injection about gr. iij. of alcohol were thrown into the cellular tissue; but in feeble and anæmic women only about gr. j. was used. Scarenzio still further modified this form by using mucilage:

Calomel,	gr. $\frac{3}{4}$–ij.
Powdered gum Arabic,	gr. $\frac{1}{4}$.
Distilled water,	♏ xv.

The needle of the syringe used should measure at least one inch long. This is important, as in women especially, and in men sometimes, a small abscess will form at the end of the track made by the needle, and the inflammation extend up through it.

As to the choice of locality for making the injection, the posterior part of the upper arm is preferable, then the back and the back part of the shoulders. Smirnoff says:

1. The substance injected *between* the skin and the muscles is not exposed to pressure.

2. The integument over the buttocks is so thick and firm that, even if the injection causes inflammation, the small quantity of pus formed will not reach the surface, but will be absorbed. After having chosen some point at which to make the injection, the skin is pinched up and the needle passed under it, but not into the muscular structures.

The effect of the injections, in the treatment of the secondary manifestations, is very quickly seen. All who have used the method of Scarenzio, declare that the period of illness for each syphilitic has been greatly diminished by it. The promptness with which the secondary eruption disappears is greater than with any other remedy.

The action of calomel injections is, according to Smirnoff, much more energetic than that of other remedies. Smirnoff also insists upon the value of this method in the manifestations of the tertiary stage. Pirocchi and Porlezza have already cited the case of gummous syphilis of the brain cured by two injections, and several others of periostitis and osteoscopic pains. Calomel injections are well borne by young children. After the injection of gr. $\frac{6}{15}$, $\frac{7}{11}$, or $\frac{9}{10}$, they do not appear to suffer, and become quiet. In cases of older children, injections of gr. $\frac{9}{10}$ to iij. are sufficient to cause the complete disappearance of all manifestations, whether secondary or tertiary.

As to the number of injections, Scarenzio's first views have been proved to be well founded. Gr. vj. of calomel are ordinarily sufficient to cause all syphilitic accidents to disappear. This represents four injections of gr. iss., given two at a time, the interval between the first and second two being three weeks. These four injections will replace all the arsenal of pills, frictions, washes, etc., and the patient only needs the physician once in three weeks.

Tubercular Meningitis.

The *London Med. Record*, January 15, 1884, tells us that Dr. Wortmann contributes (*Jahrbuch für Kinderheilkunde*, Band xx., Heft 3), a long and valuable analysis of fifty-six consecutive cases of this disease; thirty of the patients were girls, and the ages were from ten months to eleven years, about three-fourths of the whole number being from two to five years old. All but six were poorly nourished on admission, and twenty-five had enlarged glands. A family taint could be traced in twelve. The first symptom of the disease proper appeared to be vomiting, which took place usually once or twice a day, or oftener; but very seldom occurred at night. It nearly always ceased when the pulse became slow, though in one case it continued throughout, and could not be subdued. Contrary to the experience of many, in five cases the vomiting returned after a cessation of from two to four days. In four patients vomiting was absent. Constipation was present throughout in forty-two cases; in ten it gave place two or three days before death to involuntary motions; while in the remaining four, diarrhœa persisted throughout the complaint. Headache, with one exception, was a constant symptom. The abdomen was markedly retracted in thirty-four cases, and moderately so in the rest, but the author's experience did not support Vogel's view, for in only three was there any apparent tonic spasm of the abdominal muscles. Irregular respiration was never absent; but as the end approached, it usually gave place to severe dyspnœa. The pulse appears to have followed the recognized course. It became rapid a few hours before death in every case. Fever was present even in the prodromal stage. In the first stage proper, it was never over 104°, and showed morning remissions of nearly two degrees. When the pulse became slow the temperature began to fall, but was some days before it reached the normal point. In sixteen, however, it rose instead of falling; and six of this number were without complication. In the third stage the temperature varied very much in different cases; but, as a rule, either rose or remained the same. Occasionally it fell, and in two cases it sank to 89.6. Shortly before death it suddenly rose, in uncomplicated cases, to a great height, as *e. g.* from 99° to 106°. After death, the temperature rose moderately where it had been previously high for some time; but, where the rise had been sudden, it rose a great deal; in other cases, it gradually sank after death. Retraction of the head was present in all but one case, and commenced when the pulse became irregular; in one the head was drawn towards the left as well as backward, and here a large tubercle was afterwards found on the left side of the cerebellum. Hyperæsthesia was present in all but one of those cases in which the spinal meninges were involved. Herpes zoster appeared in one of these cases. The urine was

carefully examined, but showed no constant alteration; the urea was sometimes increased, sometimes diminished. Photophobia was a frequent symptom. The pupils in the first stage were chiefly remarkable for their sudden variations, without any corresponding changes in the amount of light. When the pulse became slow and irregular, the pupils dilated and were sluggish. A transient difference in the size of the two pupils was frequently observed, but appeared to have no connection with the position of the child. On the pulse becoming rapid again, the reaction to light was generally lost, and the pupils were either contracted or of normal size. The ophthalmoscope was used in twenty-seven cases. Of these, twelve presented a normal fundus, four showed tubercles on the choroid, ten venous hyperæmia of retina, and amongst these were four with optic neuritis. One case showed hemorrhages and cloudy papillæ (on autopsy large tubercles were found in the cerebellum, but no nephritis). Nystagmus was observed five times, ptosis six times. General convulsions set in, with commencing coma. Partial convulsions, which affected chiefly the face, appeared earlier; the pupils became dilated during the paroxysms. Paralysis, which, however, was never complete, affected in different cases the eyes, face, and extremities. In the last it was preceded by clonic spasm of the part affected. The *tache cérébrale* was present, in a varying degree, in the majority; but flushes, alternating with pallor, of the face, were remarked in all. The skin was dry until near the end, when sweating broke out. The duration of the disease was from six to forty-five days, with an average of eighteen.

The necropsies showed general miliary tuberculosis in forty-five out of the fifty-six cases. Cheesy deposits, chiefly in the bronchial and cervical glands, were found in all. The spleen was tubercular, either in substance or on the capsule, in every case. It was enlarged in twenty-eight patients. The mesenteric glands were always enlarged, and in fifteen cases they were cheesy. The exudation at the base of the brain was of a more or less gelatino-purulent character; it frequently extended forward so as to involve the olfactory lobes. The convexity was involved in fourteen cases, but there was no case in which the convexity alone was affected. The ventricles were dilated. The choroid plexus showed tubercles in nineteen cases, and contained a moderate quantity of blood in all. The spinal cord was examined in the last twenty-seven cases. In four of these, no change was found. In the remainder the spinal fluid was increased, and often turbid. The pia mater, especially in its posterior aspect, was thickened, yellowish, and tuberculous, in direct proportion to the duration of the disease. In four, the dura mater was thickened, and in two cases the spinal cord was the seat of a large solitary tubercle.

Operative Interference in Irreducible Luxations.

The *London Med. Record*, March 15, 1884, says that M. G. Poinsot, of Bordeaux, in an able review on direct operative intervention in irreducible luxations (*Revue de Chir.*, No. 8, 1883), has collected a number of interesting clinical records, on which are based the following conclusions. Luxations, if studied with regard to the feasibility of operative treatment, may be arranged in three classes:

1. Recent luxations that have not existed longer than eight days, and in which the process of repair has hardly begun.

2. Luxations which have existed for more than fifteen days, but have not passed beyond the general limits assigned by authors to irreducibility; these M. Poinsot would call intermediary.

3. *Old* luxations, being such as have passed beyond these general limits.

In cases of the first class—that of *recent* luxations—the indications for operative interference must be very limited. The works of Bigelow on luxations at the hip, of Kocher on those at the shoulder, and of Farabœuf on those of the thumb—the most exposed amongst articular displacements to irreducibility—have shown that the obstacle to reduction is formed almost exclusively by a certain portion of the capsular apparatus, and have made known the most rational and efficacious means for overcoming—or, rather, for turning—the difficulty. The number of rebellious forms of recent luxation have been much reduced, and operative intervention in this class is seldom permissible, save in cases of obstinate luxation at the ankle and of the thumb. M. Poinsot advocates tenotomy in the treatment of irreducible luxation at the ankle, and states that backward displacement of the thumb (if it resist attempts at reduction by over-extension or by circumduction) may be justifiably treated by subcutaneous section. Arthrotomy and articular resection are quite out of the question in dealing with recent luxations. On the other hand, arthrotomy, followed or not by resection, is justifiable in certain of the so-called intermediary luxations; as, for instance, in cases of luxation at the shoulder when the limb is rendered powerless through compression of nerves; in cases of antero-posterior luxation at the knee, with symptoms of vascular compression; and in cases of luxation of the thumb, where the free use of the hand is impeded. In every other instance of this second class of luxation, laying open the joint ought to be rejected. Even in the above-mentioned exceptional cases, in which operative intervention is permissible, arthrotomy should always be preceded by subcutaneous section of ligaments and tendons, and, if necessary, of adhesions. In cases of *old* luxations, as in those included in the two preceding classes, subcutaneous section (according to M. Poinsot) should occupy the first place. In dealing with the question whether—if reduction remain impossible after such sections—arthrotomy should be practiced, a distinction, it is stated, ought to be made between ginglymoid articulations, which are formed in one segment by two bones, and enarthrodial articulations, in which there are but two opposing bones. In the former kind of articulation, as the elbow, the knee, and the ankle, arthrotomy seems to M. Poinsot to be the best mode of intervention. In an irreducible luxation of long standing of an enarthrodial joint, osteotomy is preferable to arthrotomy, which is to be regarded here as a useless and dangerous operation. An exception, however, is made in the case of irreducible luxa-

tion of the thumb, as here a serious and impeding deformity can be removed by resection alone.

Incubation of Infants.

The *Med. Press*, February 27, 1884, says:

The results obtained by the aid of an incubator for rearing infants have just been published by M. Auvard, resident at the Maternity Hospital, in his *Archives de Tocologie*. The first incubator was used in Paris by M. Tarnier, and consists of a large wooden case divided into two portions, the lower of which contains warm water, while the infant is placed in the upper one.

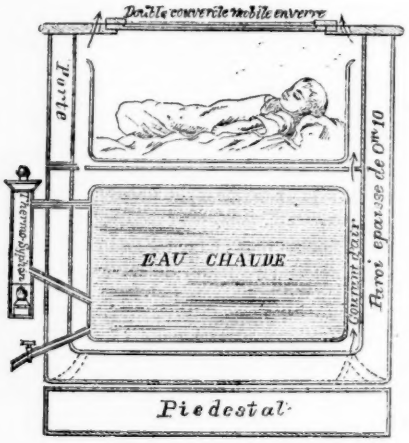

Fig. 1.

At first the incubator was heated by means of a thermo-syphon, but this system has been abandoned, fearing that through the negligence of the attendants the lamp would be left alight too long. The apparatus is now heated by filling the reservoir with boiling water both morning and evening, and thus a mean temperature of 30–32° C. is kept up. The child is clothed in the usual garments, because, if the skin was in contact with the air at a temperature of 32° C., it would lose some of the animal heat, and when taking out the infant to feed it, the danger of cold would be very great were it unclothed. Among the different cases (151 in number) in which the incubator was used, there were 93 infants which were born prematurely. Of these, 31 died. M. Auvard based his statistics on the weight of the children, and discovered that among those who weighed less than 2,000 grammes the death-rate was at the "Maternité," 66 per cent.; at that of Paris, 65 per cent.; while in those places where the incubator was used, it was only 38 per cent. In the treatment of œdema, which is a serous infiltration of the tissues caused by the bad state of the infant when born, and the rigors of the exterior temperature, and in which, as a rule, 16 out of every 20 cases die; when the incubator was employed, only 4 of the 25 placed in it failed to recover. It has been said that children brought up in this way die when exposed to the outer air, but such is not the case, as M. Auvard conclusively proves. It has also been stated that immature children placed in the incubator only live one or two months, viz., until the time arrives in which they *ought* to have come into the world; but this objection is not founded on any scientific basis, and is therefore not of any value. M. Winckel, of Dresden, has started a new theory of permanent baths, but we have not investigated it sufficiently to form any opinion.

Gangrene of the Abdominal Integument Following Puerperal Parametritis.

The *London Med. Times*, February 23, 1884, says that Dr. M. Thiede, of Lübeck, relates two cases of the above rare kind in a recent number of the *Zeitschrift für Geburtshülfe und Gynäkologie*. He has not been able to find any previous description of this complication. The first patient, aged 27, delivered of her second child, went on well for eight days. Then she began to have abdominal pain and headache, with sleeplessness and febrile symptoms, and the lochia, which were purulent, became again sanguineous. The hæmorrhage from the uterus continuing, in spite of general treatment, on the 17th day of the lying-in the interior of the uterus was explored under anæsthesia, some outgrowths from the placental site removed, and the cavity washed out with a carbolic acid solution. From the second day after this treatment the bleeding completely ceased; but febrile symptoms continued, and a firm parametric infiltration developed around the cervix. Signs of cystitis then appeared, and to this was soon added a tender swelling of the integuments on each side along Poupart's ligament. This continued to spread till it reached to within three fingers' breadth of the navel. The swelling was at first hard, then became soft and boggy. On the 23d day after the operation vesication appeared, then subcutaneous abscesses, and finally the skin sloughed in one piece, leaving a granulating surface reaching from one iliac spine to the other, and to the height already mentioned. Aided by skin grafting, this healed up, and the patient did well. The second patient was aged 25, and had had three children and one miscarriage. A second miscarriage at the third month occurred; and for three days after this the patient went on well. Then came profuse hæmorrhage; and a piece of placenta projecting from the os was removed. This did not stop the bleeding; and therefore, under chloroform, the uterus was explored, the remainder of the placenta removed, and the cavity washed out with carbolic acid. Next day a rigor occurred, and on the sixth day an exudation was to be recognized in the right parametrium, which soon extended behind and to the left of the uterus, and slight cystitis came on. On the twentieth day after removal of the placenta, fresh symptoms appeared, severe pain was felt in the lower abdomen, and there was redness, swelling, and tenderness of the skin over the symphysis. In the left inguinal region were inflamed lymphatic vessels. The inflammation spread; vesication, and then gangrene of the skin took place, an ulcer being left measuring about thirteen centimetres by six. There was also suppuration of

inguinal glands on both sides. The patient recovered after an illness of about thirteen weeks' duration. Dr. Thiede attributes the gangrenous inflammation to septic infection, the skin being predisposed to slough by the pressure and bruising of it necessarily involved in bimanual manipulation of the uterus. We may also mention (points to which Dr. Thiede does not attach much importance) that the patients had been treated, prior to the gangrene, with mercurial inunction, and the application of ice to the hypogastrium. The ice, he says, gave great relief to the pain of the parametritis, so much that when it was removed the patient clamored for its replacement.

Plaster Supports.

Dr. W. T. Browne thus writes in the *Boston M. and S. Jour.*, March 20, 1884:

The object is to produce fixation with a material which shall be easy of application and easy of removal, being cleanly, light, durable, cheap, and ready for use as soon as one is done applying it. This may be attained by the use of plaster of Paris in the following way, for a support of the spine for instance:

Take three, four, or five pieces of plaster gauze as wide as the support is to be, and long enough to go around the body and lap ten or fifteen centimetres each way. Lay these on another piece of the same length and eight or ten centimetres wider, and stitch them all together in the middle of their length, so that the seam shall extend up and down the front of the completed support; rub cosmoline into this seam in as narrow a line as possible. Hold the layers of gauze up to the body, so that the seam shall come over the sternum and the widest layer next the body, and cut out where they come under the arms and in the groins. It is not necessary to be very particular about the cutting, as the edge can be easily turned over the required amount, after the plaster has been applied and before it has set.

The patient, having on the usual thin undershirt that fits well, and without any pads, is suspended in the usual way.

Eight hundred or one thousand grammes of plaster are now mixed with water to the consistency of cream, and while an assistant holds the gauze up to the body, the first layer is brought down smoothly and rubbed with plaster, then the next, and so on till all have been laid and filled with plaster; then turn the edges of the widest layer over the others, thus forming a binding and a smooth edge.

The plaster may be put on with a brush or with the hand; I prefer the hand. It requires about fifteen minutes to apply the plaster, so it should not set quicker than that.

Such a support is cleanly, for the edges being bound are not liable to crumble.

It is much lighter than when put on with rollers, as it does not need to be as thick, owing to plaster all being mixed at once and setting in a uniform mass.

A bandage made in this way is two or three millimetres thick in front, and four or five behind, and will last three or four weeks. If it is wanted to last longer, it may have more gauze and more plaster.

The cost of material is only a few cents, and the plaster will be found to be very thoroughly set by the time the binding has been turned and the surface rubbed smooth.

The plaster should be tested before using, to ascertain how long it requires to set; and, if it requires a few minutes more than by experience it is found to take to apply, it may be mixed a few minutes before required for use.

When it is necessary to remove the support, it may be ripped open along the seam as readily as any seam in cloth.

It requires less experience to apply a bandage in this way, as it is impossible to draw it tighter in one place than another and produce ridges on the inside.

Hepatic Colic—Inflammation of Gall Bladder—Perforation—Peritonitis—Death.

Dr. E. L. Larkins reports this case in the *Peoria Med. Mo.*, September, 1883:

On the morning of August 11, 1883, I was called to see a patient, a boy of delicate constitution, aged about nine years.

The parents gave me the following history: Four days previously the patient was suddenly seized with severe pain in the right hypochondrium, of a paroxysmal character, vomiting at first of the contents of the stomach, and subsequently of thin mucus, streaked with blood. The patient had rigors, followed by fevers of a remittent character. On the second day of illness there appeared, they said, at the inner margin of the right rectus muscle, just below the ribs, a tumor a little larger than a hen's egg, which could be traced upward to the liver. This, they told me, continued to increase in size until some time in the night previous to my being sent for, when it entirely disappeared. Following the disappearance of the tumor, there appeared great prostration with, in a few hours, rapid swelling of the abdomen.

When I arrived I found the patient *in articulo mortis*, body bathed in a cold perspiration, extremities cool, pulse 180, temperature 101, respiration short and irregular, mind clear, and complained of pain when the abdomen was touched. I informed the parents of the near approach of dissolution, my prognosis being verified, as the boy died in about four hours.

The gall bladder must evidently have been perforated, and the contents escaping into the abdominal cavity, set up violent peritonitis, which was speedily fatal.

Rhode Island Medical Society.

At the quarterly meeting held in Providence, March 20, 1884, the following papers were read: "Topical cardiac blistering in the treatment of acute rheumatism," by Dr. Neil O'Donnell Parks. "Prevention and treatment of puerperal fever," by Dr. H. Terry. "Blepharospasm," by Dr. H. G. Miller. "Disease of the bladder, probably malignant," by Dr. Burge. "Impacted intracapsular fracture of the neck of the femur," by Dr. Lloyd Morton. The officers of the society are, Dr. Job Kenyon, President; and Dr. George D. Hersey, Secretary.

THE
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A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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SPECIALISM.

Every once in a while we hear some man most savagely abuse *specialists*, and condemn them and specialism in the most unqualified terms. Now, this is wrong. If a specialist will confine himself within the limits that belong to him, then is he not only not to be condemned, but he must be regarded as a necessity to the proper and complete fulfilment of the healing mission of our profession. But what is their proper sphere? They are aids to the general practitioner. Just as the general of an army has his adjutant-general, and his commissary-general, and his quartermaster-general, and so on, all of whom have each their separate and distinct duties to perform, which are all carried out in the interest of the commanding general, and are designed to enable him to best conduct and manage the whole; so the general practitioner should have his oculist, and his aurist, and his neurologist, and so on, to whom he can refer any patient that may, in his judgment, require these special services, provided the patient has the money to pay for them. Dr. Allbutt, in an address recently delivered in London (*Lancet*, March 15, 1884), thus arraigns the gynecologist. He says that "a neuralgic woman" (he is speaking about abdominal neuroses) is either told that she is hysterical or that it is all uterus. In the first case she is comparatively fortunate, for she is only slighted; in the second case she is entangled in the net of the gynecologist, who finds her uterus, like her nose, is a little on one side, or again like that organ is running a little, or is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week in the year, except during the long vacation, when the gynecologist is grouse-shooting, salmon-catching, or leading the fashion in the Upper Engadine. Her mind, thus fastened to a more or less nasty mystery, becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus, and you fix in woman the arrow of hypochondria, it may be for life."

Though rather harshly expressed, it must be

conceded that there is much truth in what Dr. Allbutt says. It would be only natural that the specialist, who is confining himself to the diseases of one organ, or one set of organs, should view all diseased conditions from a partial standpoint, while the general practitioner, with a mind trained to general observation, would be much less restricted in his views. The specialists, as adjutants to the physician, are most desirable, nay, indispensable; as separate and distinct practitioners they are dangerous.

THE PATRONS OF QUACKS.

"From a curious fact which has recently come to light at Chaux-de-Fonds, Turguénieff, the great novelist, did not put implicit confidence in the faculty; and, when medical men failed to relieve his sufferings, he sometimes applied to empirics. During the latter years of his life, he appears to have suffered much from a painful spinal complaint, for which he consulted many eminent physicians and tried innumerable remedies. According to *L'Impartial* of Chaux-de-Fonds, the police of that place took proceedings against a *medji*, or quack, whose supposed cures had won him a high reputation with the poor of the neighborhood; and among the man's papers was found a letter from Turguénieff, written at Bougival, near Paris, describing his disease, and asking for a prescription. This fact, if true, proves that the patrons of the secret practicers of the healing art are not confined to the ignorant and obscure."

So says the *British Medical Journal*, and so eminently true is what it says that the subject admits of some elaboration.

When a very prominent divine was recently asked why it was that quacks and imposters were so very successful, he replied that it was owing to the *gullibility* of the human race. Barnum makes no secret of his success when he admits openly that he is the greatest old humbug of the age; and that by deceiving and fooling the people he has made his unparalleled popularity. In a recent advertisement of a quack medicine in one of our daily papers, we were surprised to see testimonials of merit from men holding the very highest rank in the army and navy of the United States, as well as from others equally distinguished in other professions. We must perforce presume that these men authorized the use of their names, else the quack would hardly have had the temerity to publish them.

Human nature seems to lean to the mysterious, and will much more readily and cheerfully in many cases pin their faith to quack medicines whereof they know nothing, than to reputable and respectable practitioners.

THE HEALTH OF OUR CHILDREN.

One of our public schools was recently closed by order of the Board of Health, on the ground that it was a nuisance, prejudicial to the health of the children, on account of the filthy condition of its wells and serious defects in its ventilation. We are glad to record this fact, as a stride in the march of hygiene in our midst. A meeting of the school authorities was held to take action in the premises, and as they were about adjourning, another notice from the Board of Health was received. It required that the wells at another school house should be filled up and latrines substituted.

The chairman was greatly incensed at this new notice. "The Board of Health," he said, "has no right to dictate to this Board what it shall do and how it shall do it. We are created by the Legislature of the State of Pennsylvania." The notice was ignored.

We are very sorry to chronicle this latter fact, and we hope the day is not far distant when every city in the country will possess an official or a board of officials who will have the undoubted authority to enforce their sanitary recommendations. The question of public health is a matter of such great importance, that it should be removed far away from the contaminating and dependent influence of politics, and placed in an independent and intelligent position. The time will surely come—and why not hasten its coming?—when the law of the land, that is to say, of every State in the land, will require the examination of all public, yes, and of private buildings, by competent inspectors, upon whom will be conferred the requisite authority to enforce their sanitary admonitions. Let the profession move in this matter,

let our county societies memorialize the legislature on the subject, let the Keystone State inaugurate the sanitary reform, that, once started, will rapidly spread throughout the length and breadth of the land.

THE TRANSATLANTIC MEDICAL SERVICE.

An earnest effort is on foot to reform the condition of the medical service on the transatlantic steam vessels. At present, it is in a most unsatisfactory condition. The pay allowed to surgeons and assistant surgeons is so small that either no competent medical man will accept the position, or, should he do so, will not remain in it for any long time. What inducement is $50 a month, combined with all the disagreeables of sea life, with no prospect of promotion, and not even a guarantee of permanence, to any capable physician? Yet that is about the maximum which these lines pay.

The result is that there is no stability in the medical service, and that it is usually supplied with young men who want a little change, or to see the incidents of traveling life.

What is needed is increased pay, which will be at least as high as that in the naval service, some certainty of retaining the position, and a proper examination of applicants.

There is a studied attempt on the part of some companies to debase the medical service. We have already called attention to the action of the Red Star Line in putting the surgeons in the second cabin. Probably they will send them to the steerage next!

We call upon our State Medical Societies and the American Medical Association to take action in this matter.

The efforts of Dr. J. A. Irwin (363 5th avenue, New York city) to bring about a reform of the service, should be supported by the profession on both sides of the Atlantic.

ACTION AND REACTION.

The great laws of nature are certainly immutable; with a precision that is marvellous, they cannot be altered one iota; cause and effect, action and reaction, are ever present in all of nature's workings. To the careful reader of the medical periodicals of to-day, the reaction that always follows action is made clearly manifest. For some years past, and more particularly during the last two, the onward progress of our profession, both from a scientific as well as from a practical point of view, has been very rapid. But now comes the inevitable reaction; many of the fine-spun theories that have been advanced from time to time have been found unable to stand the test of experience, while also the originators in our ranks seem short of scientific breath, and are compelled to halt that they may recover "their wind." We are glad of this, for now we can have the time to carefully look into the true merits of the various plausible theories that scientific physicians have advanced, as well as the bold operations that have been done by the fearless surgeon. Thus we can separate the good from the bad—the wheat from the chaff—and having firmly settled truth on her pedestal, start off for another race of progress, from an even higher vantage ground than before.

LIMITING OUR WATER SUPPLY.

We are very sorry to learn that an effort is being made in this city to prevent what is called the excessive waste of water, and that this retrograde movement is receiving the sanction of some whose influence is very potent. We wish to be understood literally when we say that water cannot be wasted in a city. Of all disinfectants, purifiers, and preservatives of health, water stands pre-eminently in the front rank. Water and soap are two commodities that we cannot afford to dispense with, and of the two, water is by far the most essential. Far from limiting our water supply, it should be increased to an unlimited extent. What may seem to the uninitiated as waste, is not so at all. We grant that were all the people thoroughly acquainted with the dogmas of hygiene, so that they might intelligently use the water with a definite end in view, then could we accomplish much more with one gallon than we can to-day with five; but since this familiarity does not exist, then must we hold that a very

great abundance of water is necessary to accomplish these ends. Give us plenty of water, that we may waste it, if you like the word, and by so doing wash away from us decomposing organic debris that is breeding disease and death. We cannot have too much water. It is impossible.

POLICE SURGEONS.

More than eighteen months ago (August 26, 1882), we called attention, editorially, to the necessity of establishing a system of police surgeons in this city, and it now affords us pleasure to record that our suggestion has become a reality. The Mayor of Philadelphia has appointed a police surgeon (Dr. Morris S. French), who will in turn appoint a corps of assistants, one for each police district in the city, whose duty it will be to respond to all sick calls from each particular station house. It is proposed by the mayor to establish a system of physical examination of all applicants for positions on the police force, and the requirements which Dr. French has formulated are of a sufficiently stringent character to insure to this large city a very efficient police force, which is one of the most essential, and at the same time one of the most neglected features of our various municipal governments.

If our new mayor does nothing else during his administration, he will be entitled to the gratitude of all good citizens for having inaugurated a most praiseworthy and commendable reform in our police department.

NOTES AND COMMENTS.

Gangrenous Enteritis.

Before the Sheffield Medico-Chirurgical Society (*Brit. Med. Jour.*, February 16, 1884), Mr. C. Atkin read a paper on a case of gangrenous enteritis, making some remarks on enterectomy and enteroraphy. The case was as follows: A painter, aged 30, was seized, four weeks before admission into the infirmary, with pain in the abdomen and continuous vomiting. The case was thought to be one of colic, and treated with enemata and purgatives; but no motion or flatus ever passed from him. When first seen at the infirmary, he was extremely emaciated. There was no hernia, nor had he ever had one; no hardness along the colon or rectum; no stricture to be detected *per anum*. An enema could be distinctly heard with the stethoscope ascending and traversing the colon. A consultation being held, Mr. Favell determined to give the man a chance, however small, of being relieved by operation. Abdominal section was performed, and a loop of bowel was found to be gangrenous. As the man was moribund, it was decided to do no more, and the wound was closed. At the necropsy, next day, the bowels were first carefully examined *in situ*. No internal hernia, band, or twist, was to be found. They were then removed, and carefully examined inch by inch. No hard fæces, diverticula, or stricture, were visible. The heart was healthy; but his arteries were diseased, and the kidney showed commencing granular changes. Mr. Atkin then commented on the rarity of localized death of a loop of bowel arising *de novo;* and, after enumerating various causes, came to the conclusion that it was probably due to the state of the arteries, a branch probably becoming thrombosed. Allusion was made to the unusual duration of the case, and to the equivocal character that the first symptoms must have presented. The question of treatment was then gone into; and, it being assumed that abdominal section would have been performed had the case been seen earlier, the point what to do with the gangrenous bowel was discussed. Summaries of the cases of Kœberlé, Czerny, Schede, Sutton, Meusel, and Prati were read, and the different methods of suturing the bowel mentioned. The author then showed that stricture of the bowel never resulted, because union took place by the first intention; that the spur formed by the involution of the mucous coat was no impediment to the passage of fæcal contents; and that there was no danger of the sutures being burst open by flatus. The special clamps invented by Mr. Treves and Mr. Stanmore Bishop were mentioned, but were stated to be unnecessary, as several cases had done well without them, notably the recent one of Mr. Banks.

The Salicylates in Diphtheria.

The use of the salicylates is becoming very extended, for now Dr. C. R. Illingworth writes to the *Lancet*, February 16, 1884, recommending them in pneumonia and diphtheria. He says:

Some months ago I proposed the use of the salicylates in pneumonia, and at the same time I gave a very favorable opinion of their action. I wish now, through the medium of your valuable journal, not only to advocate their use in that

disease if possible more strongly than ever, but also to propose that they should be tried in diphtheria and true croup. I suggested this in a very cursory manner in the *British Medical Journal* last year ("Omega," June 23), but have never had an opportunity of testing their effects practically, although the theory I have formed as to the action of salicylates in general would seem to indicate the advisability of employing them.

In pneumonia I prescribe five- to ten-grain doses of the salicylate of soda every two hours, with twenty-minim doses of the aromatic spirits of ammonia for an adult. If the pulse should be very rapid and feeble, I add five minim doses of digitalis, and if there should be any delirium, ten-grain doses of the bromide of potassium. In children an acute congestion of the lungs is very rapidly thrown off with three-grain doses of the salicylate and five minims of ammonia every two hours. The compound spirits of ammonia is well known to have the property of reducing the fibrin-forming elements of the blood; but I am of opinion that the salicylate of soda prevents the formation of fibrin altogether, and in this way it may be said to be no more a specific for rheumatic fever than for pneumonia or diphtheria, or, indeed, for any other disease which is associated with or accompanied by the formation of fibrin. Whether it acts by altering the composition of the corpuscles, so as to prevent the formation of fibrinoplastic material, or upon the plasma, to prevent the development of fibrinogen, I am not prepared to say; but certain it is that there is the production by its use of a state of greater liquidity of the blood than ordinarily; and it is on this account that I think the mixture I have mentioned above will prove useful in the treatment of diphtheria and true croup, although in false or congestive croup I am inclined to place more confidence in astringents, such as steel and sulphuric acid.

Hydrargyri Tannicum Oxydulatum.

The *Med. News*, quoting from a foreign exchange, tells us that this preparation has been used in syphilis by Dr. Sigmund Lustgarten:

This salt is the tannate of the protoxide of mercury (hydrargyri tannicum oxydulatum), which contains fifty per cent. of mercury. It is a dull green powder, without odor or taste, and is only soluble when decomposed. Hydrochloric acid makes no sensible impression upon it, but very dilute alkalies, ammonia, solution of caustic potash, and the alkaline carbonates, reduce it in a short time to a sort of magma composed of very small particles of metallic mercury. They are so minute that the greater part of them present, under the microscope, the phenomenon known as molecular movement. This process of reduction is produced under the influence of the alkaline reaction of the intestinal juices; whence it may be asked, if the absorption of the particles of mercury is produced in the same way in the intestines as on the skin by mercurial friction? The determination of this question has occupied the attention of Lustgarten for some time. He has now been able to demonstrate the rapidity of the absorption of mercury into the blood, having found mercury in the urine in twenty-four hours after its administration.

This new drug has been prescribed in two or three doses of gr. jss. every day, but in spite of this seemingly large dose no troubles of the stomach and bowels have been observed, nor the troubles usually seen when the ordinary mercurial preparations—calomel or corrosive sublimate—are administered; nor has stomatitis or salivation been observed, although the very large dose of grs. xc. has been given. On the contrary, in ten cases treated, up to this time, comprising every period of syphilis, and especially cases of relapse of a very rebellious nature, as syphilides with small papules and pustular syphilides, there was so rapid a regression of the lesions that Lustgarten does not hesitate to place the new drug by the side of the best mercurial preparations hitherto employed.

Spasmodic Contraction of Uterus or Placenta.

Dr. W. L'Hereux Blenkarne reports this case in the *Brit. Med. Jour.*, March 1, 1884:

A primipara, aged about 30, had a fairly good time, the child being born naturally (but a dose or two of ergot having been given). On my finding that slight traction on the cord, telling the patient to blow on the back of her hand, and other simple means, failed to dislodge the placenta, I introduced my hand gradually into the vagina, and found that (apparently) the whole of the uterus was spasmodically contracted on the placenta, the os being somewhat contracted as well; so that I could only get two or three of my fingers into the cavity. There was no hæmorrhage, and the pulse was 60°. I did not, however, deem it advisable to wait very long; chloroform was therefore given by my partner, and the patient partially put under its influence. I was now enabled to introduce the whole of my hand into the uterus, and then found that the placenta was rotten and broken down; but it was not ad-

herent anywhere. There were still irregular contractions of the uterus, which caused me some difficulty in passing the whole of the placenta; but by degrees I did so, as I was anxious to remove it all without re-introducing my hand; this I effected at last, and thus saved the poor woman the discomfort of my removing it piecemeal. She made an excellent recovery, and at no time during the whole of the operation, or afterwards, did the pulse rise above its original standard of 60. It passed through my mind whether the ergot was accountable for this spasmodic contraction; but I am inclined to think that it was merely an idiosyncracy of the patient, as I have repeatedly used ergot in my midwifery practice, and have never witnessed a similar untoward result.

Poisoning by Aconite.

Dr. Herbert W. Seager reports this case in the *Brit. Med. Jour.*, December 1, 1883:

One or two points in a case of poisoning by aconite may be of general interest. I saw the case for a neighboring practitioner, on November 11, about an hour after the poison had been taken. The patient was an hysterical woman, aged about 40. She had taken about three drachms of the linimentum aconiti *B. P.* When I first saw her, she was much prostrated; she did not answer questions, but was able to tell me that she had taken the poison herself, and to utter some short prayers. There were frequent general convulsions, rather violent. The face was much congested; the lips were red; the pupils much dilated; the sclerotic injected; the iris somewhat irregular in the external outline. The pulse was full, and somewhat irregular. Respiration was blowing, and rather rapid. A slimy tenacious mucus was expelled from the lips with almost every expiration. I gave her an emetic; but I believe there was no power of swallowing. The convulsions were easily repressed by a wet towel over the face and head; but this seemed to cause much depression. There was entire loss of sensibility of the skin. About a quarter of an hour after I saw her, the surface of the body became suddenly cold; the respiration and pulse ceased; but she was revived by a hot poultice on the epigastrium. The convulsions became less frequent as the poison gained ground; and she was speechless for about twenty minutes before her death, which occurred about an hour and three-quarters after the poison had been taken. At no time was the face blanched, or the lips bloodless; on the contrary, the lips became dark blue after death. A slight tremor of the lower lip was noticeable some moments after pulse and respiration ceased. Artificial respiration was ineffectual.

The points to which I wish to call attention are: the convulsions; the inability to swallow; the dilatation of the pupils; the congestion of the face; the insensibility of the skin; and the reviving effect of the poultice over the epigastrium.

Inoculation of Tuberculosis.

Since the great interest which Koch's discoveries have thrown about this subject, all that pertains to its infectious or contagious properties must be read with interest. The Paris correspondent of the *British Medical Journal* tells us that at a recent meeting of the Académie de Médecine, M. Verneuil related the following history: In July, 1877, a house surgeon (interne) at the St. Eugenie Hospital, who performed all the post mortem examinations, one day noticed a papule at the base of the nail of his third finger. The apex presented a white spot, and a few drops of pus escaped from it. It was frequently cauterized, but the phalanges became attacked, and a cold abscess spread over the back of the hand. After three years' treatment, having failed to produce any improvement, M. Verneuil amputated the finger. The house surgeon was believed to be cured, and practiced in the provinces. Quite recently he has been again attacked by cold abscesses in the lumbar region, causing intense pain; during violent attacks of pain, the arms exhibit clonic convulsive movements. M. Verneuil has operated a second time. He is convinced that his patient became inoculated with tuberculosis when performing a necropsy. A similar misfortune happened to Laënnec. One day, when operating on a tuberculous patient, he slightly cut himself with a saw. A swelling appeared on the wounded part. Laënnec cauterized it with antimony-chloride. The swelling disappeared, but twenty years subsequently he died from tuberculosis.

A Foreign Body in the Bladder.

As aids to practice, all unusual cases are worthy of record, for by remembering them, we are oftentimes enabled to solve otherwise enigmatical cases. Such cases as the following, which Dr. Robert Storrs reports in the *Brit. Med. Jour.*, January 26, 1884, are both unusual and interesting:

"On January 9, 1884, I received a message to see Mrs. C., aged 64, the wife of a tradesman, and a very fairly intelligent woman. She was the mother of a large family, the eldest being more than thirty years of age. She was seen the same evening by Dr. McConnell, who is associated with

me in my practice. She presented to him all the usual symptoms of calculus. The following day she was seen by us together, when, with the sound, we clearly detected a foreign body in the bladder. We proceeded to dilate the urethra; and, in passing the finger through the urethra into the bladder, we detected a substance of a metallic nature. This we were able to extract by means of a long narrow pair of forceps passed by the side of the finger. It proved to be a hairpin of the ordinary size. This operation was followed by little or no incontinence of urine.

The chief interest in the case was how the hairpin got into the bladder, and the length of time it had in all probability been there. She appeared to have not the slightest knowledge as to how this entered her bladder, but she tells us that she has been conscious of the presence of something there since before the birth of her first child, more than thirty years ago.

Gangrene of Arm Following Injury to Thumb: Death.

Dr. Studdert, in the *Brit. Med. Jour.*, December, 1883, records the case of a man, aged fifty-three, who played a game of bowls, and on the following morning noticed a small blister at the extremity of the right thumb, which, he thought, must have been occasioned in some way during the progress of the game. Two days after the injury he consulted Dr. Studdert. There was then a small punctured wound at the top of the thumb, from which oozed an ichorous discharge. There was no inflammation of the arm, nor any constitutional disturbance. On the fourth day the patient felt ill, and spent a sleepless night. On the fifth day the arm became enormously œdematous, and there was severe pain. The temperature was 101.8° F. Free incisions were made in the arm, after which the limb went down; the temperature fell to 99°, and all pain had ceased. On the sixth day the swelling had returned somewhat, and by evening the limb had become gangrenous. Amputation at the shoulder-joint was decided against, and the patient died during the night.

A New Method of Removing Nasal Polypi.

In the *Canada Medical Record*, February, 1884, Dr. William Ralph Bell says:

"I take the liberty of bringing the mode of treatment before the notice of your readers, which I have practiced with the very best results in several cases. It obviates any trouble from hemorrhage, which is frequently the case when the forceps or hook is used; it is painless and very simple. I get my patient to blow strongly through the affected nostril, closing the other with his finger. The polypus will be brought down so that I can be easily seen through the external nares; then with my hypodermic syringe charged with a solution of tannic acid in water (of the strength of twenty grains to the fluid drachm), I pierce the polypus with the needle, and inject ten, fifteen, or twenty minims of solution, according to size of tumor. In a few days the polypus shrivels and dries up (tanned); it comes away without any trouble or pain, and looks like a clot of dry blood, my patients usually removing it by blowing the nose or by their fingers. In only one case, that of an old lady, had I occasion to remove it myself, and in her case I think she was afraid to do so, for when I seized it with dressing forceps, I required to make no traction to bring it away."

Transplantation of Healthy Skin in Lupus.

Hahn (*Monatsh. für Prakt. Derm.*, No. 9, 1883,) has scraped out lupus-tissue and transplanted healthy skin to the fresh wound in five cases with good results. The patients were anæsthetized, and, after the scraping was finished and the bleeding arrested (which sometimes did not occur until after several hours), the whole wound was covered by portions of skin about half a centimétre long and a quarter centimétre broad, the portions consisting only of cutis and epidermis. Under iodoform bandage, complete union of the transplanted portions occurred mostly in from five to eight days. A year had elapsed since the treatment of the first case, the cure being so far permanent, and no relapse having occurred.

Hospital Entertainments.

A strange sort of festivity, says *Truth*, took place recently at the Hospital St. Louis, at Paris. A comic opera, written and composed by the young surgeons attached to the establishment, was performed for the amusement of the patients. Fifty years ago, Charles Fourier, the celebrated philosopher, wrote: "One day medical science will endeavor to overcome the sufferings of patients by amusing their minds; hospitals will be filled with flowers, and music and plays will be performed there." And yet it was currently reported that Fourier was mad.

Bromine in Diphtheria.

Bromine is strongly recommended by Dr. Schiltz (*Pharm. Central.*, February 14, p. 71) in the treatment of diphtheria. One form in which he uses it

is as a solution prepared thus: chlorine water, 30 parts; distilled water, 150 parts; and bromide of potassium, 3 parts. The bromine separated by the chlorine from the bromide of potassium, remains dissolved in an excess of the latter, like iodine in potassium iodide. The chlorine water of the German Pharmacopœia is not so strong as that of the British Pharmacopœia.

Treatment of Chronic Adenitis.

An exchange publishes the following formulæ:

1. Lard, 30 grammes (say ℥j.); ammonium chloride, 5 grammes (ʒiss.); and camphor, 2 grammes (ʒss.). Mix. To be applied night and morning.

2. Potassium iodide, 1 gramme (gr. 15); distilled water, 5 grammes (ʒiss); extract of hemlock, 2 grammes (ʒss.); lard, or vaseline, 30 grammes (℥j.). Mix.

3. Calomel and acetate of lead, of each 3 grammes (gr. 45); lard, 20 grammes (ʒv.); camphor, 5 decigrammes (gr. 8). Mix.

CORRESPONDENCE.

Dr. Rezin Thompson's Formula.

EDS. MED. AND SURG. REPORTER:

Here is Rezin Thompson's formulary:

℞. Syr. rhei, ℥iv.; piperin, sodæ bicarb., āā gr. x.; olei sassafras, gtts. xx. Rub all together in a mortar and add saturated tinct. of valerian, ℥ij.; mix and rub again. Sig.: For an adult a teaspoonful every two hours until the disease (typhoid) is checked. Or thus: Rhei pulv., ʒss.; piperin, zinci valerianatis, ext. valerian, soda bicarb, of each grs. x; ol. sassafras, gtt. xxx.; pulv. acacia, q. s.; misce et div. in. pil. no. xxx. Sig.: One every two hours, as with the first.

He claimed that the above would actually abort typhoid fever, if begun with in time. I have never tried it. He believed that the valerian played an important part.

Liberty, Mo. B. F. RECORDS, M D.

Displacement of Colon.

EDS. MED. AND SURG. REPORTER:—

By reading the statement in the REPORTER not long since, that displacement either of the ascending or descending colon is practically impossible, I am prompted to report to you a case in which the ascending colon *was* displaced.

The autopsy was made with the object of ascertaining the origin of fatal hemorrhage. This was found to be from a branch of the gastric, opening into an ulcer in the posterior wall of the stomach, about three-quarters of an inch from the lesser curvature at its centre.

From the cæcum the colon extended in a curve, its convexity towards the left inguinal region to the splenic flexure. The stomach lay close to the colon, parallel with it in general direction, its pyloric end being very low, and its lesser curvature apparently stretched. The great omentum was very small, not sufficing to cover the colon.

I am sorry I cannot give you a good description of the conditions found, the examination having been hurriedly made, with no other object but the one mentioned. G. F. JEWETT, M. D.

Hilliard, O., March 24.

Croton-Chloral Hydrate in Whooping-cough.

EDS. MED. AND SURG. REPORTER:—

I have been using this remedy for the past eight years, in the treatment of whooping-cough, with the most gratifying results. In ninety-five per cent. of the cases in which I have used it, the disease was cured in from six to twelve days. During the past five years we have had two epidemics of pertussis in this town, which gave me ample opportunity of testing the merits of croton-chloral in persons of almost all ages; from infants under eight months, to persons of the age of fifty-five years. I found it act equally well, no matter what the age was. It must be given in full doses, properly dissolved, and every three hours. My method of prescribing it is as follows: For a child from eight to ten years of age:

℞. Croton-chloral hyd.,	℈iiss.
Aquæ bullientis ad.,	℥viij.

M. Sig.—ʒss every three hours, night and day.

The above dose, of course, should be increased or lessened, according to the strength and age of the patient. I do not use anything to cover the taste of the remedy, nor do I use anything to render it more soluble, experience having taught me that the best results were obtained when the remedy was given as above described. Croton-chloral has proved as sure a specific in my hands, in whooping-cough, as quinine has in intermittents. Let it be constantly borne in mind, that to get the beneficial effects of this drug, it must be given in full doses, properly dissolved, and every three hours. V. H. MOORE, M. D.,
M. C. P. S., Ont.

Brockville, Ont., Canada.

Answers to "Medica."

EDS. MED. AND SURG. REPORTER:—

Under the head of "Gynæcological Queries," in No. 8 (February 23), page 256, "Medica" inquires for suggestions in a case. Having had a patient for the last year and a half of somewhat similar character, who has given me much trouble and thrown defiance into my face worse than most anything I have ever found, I sent her into the country to free her from all care, when her friends went into the woods and obtained the root of the cypripedium, or moccasin plant, which she used in an infusion, and began to feel the good effects immediately. This was last fall. She has now come home quite another woman, but says she cannot get along without her remedy.

I never like to give up, but I must own that this simple remedy, which I have not used for thirty years, has discounted my pharmacopœia, gynæcolcgical applications, time, and everything

else. I rarely get a case like this, which gives me such a good chance to try my skill, and that for a considerable period, till I am at my wits' end. Yet it is evident enough that this simple little plant does hold some control over her nerves, which keeps up her appetite, keeps off headache and the aches through her body, regulates her turns, and controls the uterine conditions beyond anything I could suggest. She has had one child, and now has "ulceration," with leucorrhœa, all of which is thoroughly rebellious. I have seen only two or three cases of such "ulceration," and hope to see no more. If I do, I shall use cypripedium, to see what it will do. I am persuaded that the "ulceration" and leucorrhœa still exist in the case, though I have not examined her for many months. So bad was it, or the irritation from it, that the woman was sure to be sick if she attempted even a short walk. This has passed away, so that she is on her feet a great deal, doing her work and taking long walks frequently.

So far as I can judge, this great benefit to her is all from the cypripedium. When she first got into the country, she continued to run down for two weeks, till this remedy was taken; and now, whenever she leaves it off she begins to lapse in her feelings. Practically cured with the remedy, she may not be cured without it, and so have to take it—as Dr. Cole said they do tobacco who use it—"eternally." However, I am glad for something which helps my case so much more than anything else which I could find. All external treatment has been abandoned since last summer.

E. CHENERY, M. D.

Boston, Mass.

NEWS AND MISCELLANY.

Kentucky State Sanitary Council,

Held at Bardstown, Nelson county, March 26 and 27, 1884, under the auspices of the State Board of Health.

The Kentucky State Sanitary Council held its third semi-annual session at Bardstown, Nelson county, on Wednesday and Thursday, March 26 and 27.

The Council was called to order for the first session at 7 p. m., at the county court house, by Dr. J. A. Dixon, of Burksville.

Dr. Alexander Crawford, in behalf of the resident physicians and citizens of Nelson county, delivered an address of welcome, which was responded to in behalf of the visiting delegates by the President, Dr. J. A. Dixon, who spoke as follows:

"*Ladies and Gentlemen of Bardstown and Nelson County:* The fame of Kentucky hospitality is world-wide, and the culture, refinement, and generosity of the citizens of Nelson county is proverbial. Your welcome this evening does not detract from the well-earned reputation of which all Kentuckians love to boast. We fully appreciate the welcome we meet at your hands, and enter upon the proceedings of this council with our zeal and enthusiasm increased by the interest manifested in this work of sanitary regulation by your community.

"Public health is public wealth, and the first great duty of the state is to look to the health of the people. The importance of the subject is greater than all others, because it embraces all others. Political economy estimates the money value of human life, and by these estimates we are able to calculate the loss to society, the state, and the nation, by the untimely deaths that occur from preventible causes. Small-pox, yellow fever, or any other contagious or infectious disease prevailing in a community, causes inestimable loss to the commercial interests, as well as greatly increased individual expense. The loss to Philadelphia in 1871 and 1872 from the outbreak and epidemic of small-pox, which resulted in the reporting of 23,000 cases, has been estimated at $28,000,000. This could have been prevented by efficient sanitary organization. Yet the ignorant say no good can come of these sanitary organizations.

"The message of Gov. Knott contained not one word in reference to the health of the people over whom he rules. All the avocations of life at the present time have their organizations, and to-day political conventions are being held to give shape to our national affairs. The workingmen demand through their organizations redress of their real or fancied wrongs. Our best men are organizing in order to work out the great problem of public education, and we, as public-spirited citizens, meet to discuss ways and means to alleviate the pain and prevent the diseases to which our fellowmen are exposed. The time has come when we must protect our homes and avoid the positive disgrace of being sick. This is what we hope to accomplish.

"In closing these very brief remarks, allow me to hope that when disease and pestilence stalk abroad in the land, your beautiful city and good people shall escape, because you have the blood of purity sprinkled upon your door-posts."

The first regular paper of the session was read by Dr. Dudley S. Reynolds, of Louisville, on the subject of "Foods as Causes of Certain Classes of Disease."

"As an article of diet," said he, "sugar is classed high in the list of force-producing agents. It is not as widely known as it should be that the term sugar in this connection is intended to indicate saccharose, or cane sugar, which has been freed from glucose, naturally present in it in its crude state, or in the expressed juice of the cane. It is unnecessary to go into the details of the process for separating the glucose from the crystallizable saccharose, but the latter and not the former is valuable as an article of diet. The glucose naturally present in the juice of the cane is a comparatively harmless form of that substance. Likewise the expressed juice of what is commonly called sorghum. Either of these, however, on being subjected to a high temperature, which is sometimes done to improve the color, loses greatly in value, and then becomes noxious to the system. Even saccharose in its purest form, mixed with water, may be converted into glucose of a highly irritating character at a temperature of 320° F. When saccharose, in combination with free acids, is heated to 212° F., new compounds are formed called saccharides. Some of these have the constitution of ethers, whilst a combination of fruit

or vegetable acids with saccharose converts the latter into glucose at a much lower temperature. Concentrated acids, such as are found in the stems of the so-called pie plant, decompose saccharose even without the aid of heat.

"Laevulose is the name given to the sugar of fruits and of honey. In our ripe fruits this is transformed into glucose. In cooking fruits, the laevulose and the fluid acids combine to form powerful ferments, which resist the action of the gastric juice, and which are composed of very fine cells that find their way along with the food into general circulation. As soon as they enter the blood-current, the white blood-cells begin to exhibit abnormal activity of movement. Presently, the lymph-channels are observed to be unduly full. In time, the lymph-glands enlarge; later, the lymph-channels in mucous membranes, especially the naso-pharyngeal, become so engorged as to rupture, and exudation of lymph begins. When this occurs in the nasal or pharyngeal membrane, the patient considers he has catarrh; consults a physician, who tells him it is due to a series of colds he has contracted; and he is treated by all the various means in popular use for the relief of an imaginary bad cold. Of course the patient never gets better in consequence of the treatment, and he is fortunate if he is not made worse. Vegetarians who are gradually led into the habit of eating cooked fruits, finally abandon all other diet. This is attended by progressively increasing prostration and engorgement of the lymph-channels and enlargement of the lymph-glands, including the tonsils.

"It has been so often observed that the children of the poor enjoy better health than those of well-to-do people, that it has been often advised by high medical authority that it were better children should cultivate acquaintance with the pigs than to remain too much indoors. It must not be supposed for one moment, however, that friendly relations with the pigs has anything to do with the superior health of the laboring man's children. Observant people know the diet of the laboring man's family is necessarily plain and simple. In the country, the working man can afford nothing better than milk and butter, plain meats and gravies, and common vegetables. Upon this diet his children fatten and grow, while the children of those who can afford candy, preserves, pies, and fruit sauces, suffer glandular enlargements and all those symptoms which attend the so-called strumous diathesis."

(*To be continued.*)

State Medical Society of Arkansas.

The ninth annual session will be held at Little Rock, on Wednesday, April 30th, Thursday, May 1st, and Friday, May 2d, 1884, commencing at 10 a. m. on Wednesday.

The members are earnestly urged to be present, and to induce others to join in the work of advancing legitimate medicine.

Each county or municipal society shall be entitled to one delegate for every five members, and one for a fraction over five.

"The several committees shall report annually, through their chairmen respectively, upon the specific subjects to which they have been appointed. It shall be the duty of each committee to make a full and complete report to the society of all matters, business, etc., that properly comes before or presents itself to them upon each particular branch or section." Art. ix, Sec. 2, Constitution.

The subjoined are the committees to report at the meeting:

Committee on Medical Education: G. W. Hudson, chairman, Camden, Ark.; M. C. Weaver, S. M. Carrigan, J. R. Brewer, R. B. King, A. J. Pulliam, J. J. Robertson, L. Kirbey, E. A. Baxter.

Committee on Practice of Medicine: T. D. Nichols, chairman, Paris, Ark.; D. H. Stayton, J. F. Blackburn, T. B. Hodges, C. L. Kirkscey, L. Holmes, A. J. Brewer, J. A. Dibrell, sr., W. W. Bailey, J. W. Pinson, D. S. Williams.

Committee on Surgery: J. E. Bennett, chairman, Fort Smith, Ark.; J. R. Dale, W. B. Lawrence, A. A. Horner, D. A. Linthicum, J. P. Mitchell, J. M. Jelks, W. M. Lawrence, T. W. Hurley.

Committee on Gynecology: J. T. Jelks, chairman, Hot Springs, Ark.; H. H. Turner, L. R. Stark, D. C. Ewing, W. A. Sayle, J. B. Cummings, D. Christian, J. G. Eberle, R. S. Wallis.

Committee on Medical Legislation: F. G. McGavock, chairman, McGavock, Ark.; J. H. Southall, G. B. Malone, L. E. Bennett, W. J. Watkins, R. N. Ross, D. C. Carroll, S. L. Vaughan, J. B. Thompson.

Committee on Necrology: Isaac Fulsom, chairman; D. S. Mills, S. W. Allen, C. E. Nash, R. C. Wallis, R. M. Wilson, T. M. Pinson, J. W. Hayes, J. D. Jordan.

Board of Visitors to the Medical Department of the Arkansas Industrial University: Z. Orto, chairman; W. W. Hipolite, J. C. Wallis, J. E. Bennett, A. G. Henderson.

Committee on State Medicine: R. C. Pruitt, chairman, Osceola, Ark.

Special Committees on County and Municipal Societies: L. P. Gibson, chairman.

It is especially urged that each chairman will exert himself to have a full and complete report from the respective committees; and a paper by any member on the science of medicine and surgery, or its co-ordinate branches, will add greatly to the interest of the meeting. Any member who may desire to present a paper, will confer a favor by sending immediately the title of the same to the Secretary, *so that a full programme may be prepared and sent to the members at least two weeks before the meeting, thus enabling them to prepare for the work that is to be done.*

Secretaries of local societies are requested to forward as soon as appointed a list of the delegates. Arrangements will be made by which reduced rates can be obtained by all who may attend the meeting. Hence, those who intend to be present, whether already members or not, will please notify the Secretary at once, so that a certificate may be forwarded them in order to obtain the reduction. L. P. Gibson, M. D., Secretary,

Little Rock, Arkansas.

Weston's Walk.

We noted some time since the great feat of pedestrianism that Weston had undertaken in

England. On Saturday, March 15, he completed his walk, amid the enthusiastic applause of a crowded and representative assembly of Englishmen and Americans. The stage was occupied by an influential company, among whom were at least a score of medical men, and an equal number of clergymen. During the last week, Weston walked regularly every day from 7 in the morning till half-past 9 at night, with an interval of rest from 5 p. m. till 7.30 p. m. Notwithstanding the loss of sleep during the last two nights, from the excitement on approaching the close of his undertaking, during the week Weston was quite free from the drowsiness which had been so overpowering nearly every morning for the first three-quarters of his tour. He completed 45 years of age with the termination of his walk, when he was found to weigh 129 pounds, a loss of exactly 8 pounds since he started from London four months before. A careful examination proved him to be in excellent health, and quite fit to set out on a task of equal magnitude the following day. So healthy and vigorous was he, mentally and physically, though the last but one mile had been the fastest of any, having been done in 9 min. 17 sec., that, after the presentation of addresses of congratulation from the Councils of the Society for the Study and Cure of Inebriety, and the Medical Temperance Association, and a special vote of thanks spoken to by Dr. Hare, President of the Metropolitan Counties Branch of the British Medical Association, Weston made a long and spirited reply. The medical framer of the conditions of the walk testified that all these conditions had been honorably observed, and that, on several occasions, more than the stipulated daily distance of 50 miles had been covered. Few walks have ever been begun, carried on, and ended under greater difficulties. The sore on the pedestrian's heel, which was a continual source of irritation for half the time, would have prevented most men from walking five miles a day; while Weston, from repeated pecuniary disappointments, was weighted with the depression of spirits consequent on a regularly increasing deficit, amounting at last to about $3500. To these must be added the fact that, contrary to medical remonstrance, he started while out of condition, and suffering from acute catarrh. Weston was accompanied throughout by reliable judges and referees, and the whole journey was done in the public eye, so that there can be no doubt as to the accuracy of the record. The feat thus successfully accomplished is unique. Endowed with no remarkable muscular power, Weston has owed his success in great part to the mode of living he adopted, the chief feature of which was total abstinence from all intoxicating drinks. Whatever may be attempted and executed in future, this remarkable and original experiment has demonstrated that a resort to intoxicating stimulants is not essential to the accomplishment of severe and long-continued bodily exertion. We recognize, with peculiar pleasure, the constant support which Weston has received, during his performance, from the medical profession.

—The bill to regulate medical practice in Maryland has been killed, the *Med. Record*, April 5, 1884, tells us.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, January 1, 1884, to March 31, 1884.

Fessenden, C. S. D., surgeon. To proceed to Cairo, Illinois, and Memphis, Tennessee, as inspector, March 5, 1884.

Purviance, George, surgeon. Granted leave of absence for thirty days, February 16, 1884.

Smith, Henry, surgeon. To rejoin his station at Norfolk, Virginia, March 7, 1884.

Irvin, Fairfax, passed assistant surgeon. Relieved from duty at Norfolk, Virginia; to assume charge of Cape Charles Quarantine Station, March 7, 1884.

Carmichael, D. A., assistant surgeon. To report to Surgeon Purviance for examination for promotion, March 5, 1884.

Armstrong, S. T., assistant surgeon. To report to Surgeon Fessenden for examination for promotion, March 5, 1884.

Bennett, P. H., assistant surgeon. Leave of absence extended ten days, January 18, 1884.

Ames, R. P. M., assistant surgeon. Detailed for temporary duty on relief boat, Ohio River flood sufferers, February 16 and March 1, 1884.

Devan, S. C., assistant surgeon. Upon expiration of leave of absence to proceed to St. Louis, Missouri, for temporary duty, February 6, 1884.

Kalloch, P. C., assistant surgeon. To proceed to Charleston, South Carolina, for temporary duty, February 1, 1884.

Bevan, A. D., assistant surgeon. Granted leave of absence for seven days, March 13, 1884.

Wasdin, Eugene, assistant surgeon. Granted leave of absence for fifteen days, March 4, 1884.

Battle, K. P., assistant surgeon. To proceed to New York, N. Y., for temporary duty, February 4, 1884.

RESIGNATION.

Cooke, H. B., passsed assistant surgeon. Resignation accepted by the Secretary of the Treasury, to take effect February 5, 1884, January 31, 1884.

APPOINTMENT.

Battle, Kemp P., M. D., of North Carolina, having passed the examination required by the Regulations, was appointed an assistant surgeon by the Secretary of the Treasury, February 2, 1884.

PROMOTIONS.

Carmichael, D. A., passed assistant surgeon. Promoted and appointed passed assistant surgeon by the Secretary of the Treasury, from March 1, 1884, March 18, 1884.

Armstrong, S. T., passed assistant surgeon. Promoted and appointed passed assistant surgeon by the Secretary of the Treasury, from April 1, 1884, March 28, 1884.

Value of Ingenious Splints.

Mr. Hutchinson, of London, said in a recent lecture, that as a commentary on the futility of inventing complicated splints and apparatus for fixing fractured limbs, none of which have ever received general approval, he might refer to an ingenious instrument devised by Dr. Gordon, of Belfast, after long-continued anatomical study of Colles' fractures. This, which was intended for

general use among surgeons, is figured, says Mr. Hutchinson, in a text-book by a leading surgeon, *upside down;* and assuming from this that even the author of the work is practically unacquainted with the splint, although he writes about it, what chance is there of its ever being universally adopted?

Not only Colles', but all fractures, are most successfully treated by extension, which can readily be applied through the agency of a simple straight splint. Very thick pads should be fitted to the splint, and in ordering from instrument-makers it is necessary to insist on this especially, particularly with regard to splints for treatment of fractured femur. Finally, on this subject of splints, Mr. Hutchinson declared that he had seen many more instances of bad union follow the use of modern improved apparatus, than ever were witnessed under the old plan of treatment of fractures by the straight splint.

Medico-Chirurgical College.

The third annual commencement of the Medico-Chirurgical College was held April 2, at Association Hall. Choice selections of music were given by Professor Fehling's orchestra.

The members of the Faculty and the graduates occupied seats upon the platform, clad in college caps and gowns. The exercises were opened by Rev. Wayland Hoyt, D. D., who made an impressive prayer, which was followed by an appropriate piece of music. Professor George P. Oliver, A. M., M. D., the President of the Faculty, then conferred the degree of Doctor in Medicine upon the following-named graduates:

John W. Hoskinson, Albert Kulb, and Edwar F. Manger, all of Pennsylvania, and Dr. Constantine de Navosselsky, of Russia. The first and last-named were awarded prizes by Professor Abraham S. Gerhard.

Then followed an address by Professor George E. Stubbs, and the valedictory address by J. W. Hoskinson. The benediction was pronounced by Rev. Charles G. Fisher. At the conclusion of the exercises the floral offerings from friends were presented to the graduates.

Fresh Paint.

In the *Lancet* we read: The current belief among householders that the smell of fresh lead paint is noxious is founded on pretty general experience, but is opposed by the belief, equally current among chemists, that lead compounds are not volatile. A fact recently brought to our notice seems to support the domestic theory. The basis of the useful and popular luminous paint is known to be sulphide of calcium. Now, this compound, when unprotected by varnish, glass, or some other impervious substance, is slowly acted on by the acids of the air, and sulphuretted hydrogen is evolved, which blackens lead paint. This is well known, and can easily be avoided by proper protection of the paint. But the curious thing is that unprotected luminous paint is found to be perceptibly blackened by the fumes from fresh lead paint. There seems to be only one possible explanation of this—namely, that a surface freshly covered with lead paint does actually emit some volatile compound of lead. We believe that many physicians could confirm this view from their own observations in regard to newly painted houses.

Medical Supply and Demand.

An exchange says statistics show that among 1,000 doctors the number of deaths annually ranges between 15 and 25. At this rate the number of deaths annually among the 90,000 medical men of this country would be on an average 1,800. Among the 14,000 physicians of Austro-Hungary, the annual death-rate is said to be about 320. If the same ratio existed in this country, the number of deaths annually would be slightly over 2,000. Probably the actual figure is not far from 1,800. On the other hand, the number of medical graduates in 1882–3 was 3,979, or nearly 4,000, and more than double the estimated number of deaths. Account must be taken of the number of physicians who annually retire from practice, and on the other hand of the number of graduates who never enter the practice of medicine. The annual increase of population is probably over a million.

The Association of American Medical Editors.

The annual meeting of the Association of American Medical Editors will be held in Washington, May the 5th, at 8 p. m., in Medical Hall, southeast corner of Sixth and F streets.

The annual address will be delivered by President Leartus Connor, M. D., on "The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past."

Dr. N. S. Davis will open the discussion on "How Far Can Legislation Aid in Elevating the Standard of Medical Education in this Country?" in which Dr. A. B. Palmer, Dr. Henry O. Marcy, Dr. L. S. McMurtry, Dr. C. H. Hughes, Dr. Frank Woodbury, Dr. William Brodie, Dr. A. N. Bell, Dr. William B. Atkinson, Dr. W. C. Wile, Dr. W. R. D. Blackwood, Dr. Henry Leffmann, and Dr. Deering J. Roberts will take part.

Philadelphia County Medical Society—A Correction.

Our contemporary the *New York Medical Record*, in its issue of April 5, says:

"At a largely attended meeting of the Philadelphia County Medical Society, April 2, a proposed amendment to the constitution, permitting the admission of female physicians to membership, was defeated by a vote of 79 yeas and 48 nays, it requiring a two-thirds vote for the passage of the amendment."

It is just the reverse. The amendment that was defeated provided for the insertion of the word *male* after the word *regular* in the by-laws, which would have made the clause read, "The Society shall consist of regular *male* physicians." This amendment was defeated, which has the effect of still permitting women to knock at the doors of the County Society for admission.

The Garfield Memorial Hospital.

The Board of Directors hope to open this hospital in May. The medical and surgical staff has been formed as follows:

Consulting Surgeons.—Drs. Fred. May and N. S. Lincoln.

Consulting Physicians.—Drs. W. W. Johnston, J. Taber Johnson, and A. Y. P. Garnett.

Attending Surgeons.—Drs. C. E. Hagner and J. H. W. Lovejoy.

Ophthalmologist and Otologist.—Dr. Swan M. Burnett.

Our New Police Force.

Mayor Smith has determined to follow the rule that has for years been in practice in New York, Boston, Pittsburgh, Chicago, and other large cities, of requiring that the police shall be of sound mind and body. He requires that a thorough examination be made of each applicant and member of the force.

The Mayor also intends to remodel our police force, and introduce some of the features in relation to the medical department that have been found so successful in other cities.

American Medical Association and Railroads.

We are authorized by the Chairman of the Committee of Arrangements, at Washington, to state that arrangements are being made with all railroads reaching Washington from every section of the country, looking to a reduction of fare for delegates to the Association, which meets in that city on the first Tuesday in May next. Those who desire further information upon this subject can apply to Dr. D. W. Prentiss, of Washington, D. C.

The Quintessence of Listerism.

The Vienna correspondent of the *Gazzetta degla Ospitali* was recently invited to a laparotomy in Professor Billroth's clinique in the following note: "Dr. —— is hereby invited to the operation of ——, which is to take place ——. It is understood that Dr. —— undertakes not to visit the same day, before the operation, sick rooms, dissection rooms, or other places in the Pathological Institute, and not to wear clothes which he may be in the habit of wearing in visiting these places."

Items.

—Colonel George L. Perkins, of Norwich, Conn., who is 96 years old, said in a recent interview: "I have buried six family physicians, and still live."

—The Missouri State Medical Association will hold its twenty-sixth annual session at Sedalia, on Monday, May 5, 1884, and the two following days.

—A bill to regulate the practice of medicine and the sale of medicines in Utah was passed by the Legislature, but vetoed by the Governor, at the solicitation, as we are informed, of certain patent-medicine men.

—An effort to abolish gradually the liquor traffic, by selling licenses annually at auction, increasing their price each year $100, and decreasing the number annually sold, has been commenced in this city.

—The Rumford Chemical Works gained another suit last month in an action against some of the imitators of their yeast powder. A perpetual injunction was granted against L. E. Wetter and eighteen others in the case.

OBITUARY NOTICE.

DR. JONATHAN A. WHITE.

Dr. Jonathan A. White, of No. 672 Lafayette avenue, Brooklyn, died March 30th, at Macon, Ga. He was born in Baldwinsville, Mass., in 1830, and studied medicine at Woodstock, Vt. He entered upon the practice of his profession in Brooklyn, and afterward at Baldwinsville. He served as an army surgeon during the war, and saw hospital service in New Orleans and Vicksburg. After the war he returned to Brooklyn, and for twelve years he was medical examiner for the Metroplitan Life Insurance Company. Heart disease caused his death. Dr. White was a widower, and he left no children.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.—

Please tell me what change is made in whisky by burning to render it medicinal. SUBSCRIBER.

Ans.—We never heard of burning *whisky* for medicinal purposes, but suppose it would drive off some of the volatile oils and weaken it somewhat. Brandy is frequently burned, even when used simply as a beverage.

Dr. D. C., of N. Y.—You will find the formula for the original "Basham's mixture," also for the *improved* Basham's mixture prescribed by Dr. Da Costa, in Napheys' *Medical Therapeutics*, seventh edition.

Dr. D. N. P., of N. C.—In Seguin's fever-thermometer you read upwards or downwards from the normal point; in others the scale is ascending. Your inquiry is not quite clear, but we believe this answers it.

Dr. K. F. P., of Conn.—We do not think that abnormalities of growth are signs of atavism; their origin is generally traceable to fœtal conditions.

Physiologist, Pa.—We do not desire any legislation whatever on vivisection, and can see no occasion for it in this commonwealth.

MARRIAGES.

PETTY—MILLS.—At Antigo, Wisconsin, Saturday, February 16, 1884, Dr. J. C. Petty and Hattie M. Mills.

MARKLEY—KNIGHT.—At the residence of the bride's parents, March 12, 1884, Dr. Paul H. Markley, of Hatboro, Pa., and Miss Emma J. Knight, of Holland, Pa.

DEATHS.

YOST.—At Loganville, York county, Pa., of cerebro-spinal meningitis, George Leroy, son of Dr. George P. and Olivia V. Yost, in his fifth year.

SAUNDERS.—In Cincinnati, Ohio, at 11 o'clock p. m., Sunday, March 16, 1884, Richard Westrop Saunders, M. D., Vice Consul to Italy.